

Safe reporting framework for migrant victims of sexual violence

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The image features two large, light green numbers, '0' and '1', positioned on the left side of the page. The '0' is on the left, and the '1' is on the right, both rendered in a bold, sans-serif font. The text is centered between these two numbers.

**What is safe reporting
for migrant victims
of sexual violence?**

1. What is safe reporting for migrant victims of sexual violence?

Reporting sexual violence remains a challenging issue, with many victims feeling insecure and unable to report, fearing social, legal, and practical complications in their lives¹. This is particularly true for migrant individuals, who might be uncertain about how their migration status² would be treated in case they report sexual violence or seek health care and social support. Given that migrants are at an increased risk of sexual victimisation due to their migration status³, obstacles in reporting remain a particularly alarming issue in terms of seeking and accessing justice and health care. Consequently, there is a need to improve justice and healthcare systems in order to ensure that all victims of sexual violence are truly able to access care and support as well as report the crime and seek justice. For this reason, it is vital to ensure safe reporting for migrant victims of sexual violence.

Here, safe reporting is understood as the possibility for a migrant victim or a witness to report a sexual offence in safe conditions, having their identity protected from perpetrator(s) and from immigration control. In other words, safe reporting is "the freedom to report crimes without fear that one will be punished for coming forward. It requires prioritizing the rights of victims and the safety of communities in situations of vulnerability ahead of the enforcement of immigration rules."⁴ While safe reporting has been becoming a more and more acknowledged principle, gaps in policies and practices still exist that might discourage migrant victims from reporting sexual violence⁵. Safe reporting allows all migrant victims of sexual violence, including undocumented migrants, to feel safe at every

step of their journey to report. It also provides a legal guarantee that migrant victims will not be subjected to immigration law enforcement (such as deportation, detention, or other types of punishment) when or as a consequence of reporting sexual violence. The term 'safe' therefore does not only refer to a feeling or an atmosphere, but also to exercising rights, accessing justice, support, and services in an environment free from judgement, discrimination, and disadvantage.

While the safe reporting principle has been recently gaining more and more attention, there is still a need to further elaborate the concept into a framework that can be operationalised and practiced by various authorities, agencies, and organisations. It is equally important to provide guidance and tools for professionals, such as law enforcement officers, healthcare providers and support staff to be able to implement safe reporting.

¹ Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). *The world report on violence and health. The lancet*, 360(9339), 1083-1088.

² Migration status in a country can be various, e.g., applying for international protection, having a recognised refugee status, holding or be in the process of obtaining temporary or permanent residence permits, or being undocumented. In this report, we refer to 'migrant victims of sexual violence' to refer to people in all kinds of migration statuses who have been sexually victimised. At the same time, we note that vulnerability in reporting might be different connected to the specific migration status.

³ De Schrijver, L., Vander Beken, T., Krahé, B., & Keygnaert, I. (2018). *Prevalence of sexual violence in migrants, applicants for international protection, and refugees in Europe: a critical interpretive synthesis of the evidence. International journal of environmental research and public health*, 15(9), 1979.

⁴ PICUM Report, *Undocumented victims of crime: data protection in EU legislation*, 2017, p.2.

⁵ Boychenko, O., Szelei, N., Le Pavic, G., Shrimpling, R., Linthout, L., Keygnaert, I., & Verelst, A. (2021). *Safe reporting for migrant victims of sexual violence: Mapping policies in Belgium, Ireland, and the UK. Victim Support Europe, Brussels and Ghent University, Ghent.*

The background features large, light green numbers '32' in a sans-serif font. The number '3' is on the left and the number '2' is on the right, both partially cut off by the edges of the page.

From research to a safe reporting framework

2. From research to a safe reporting framework

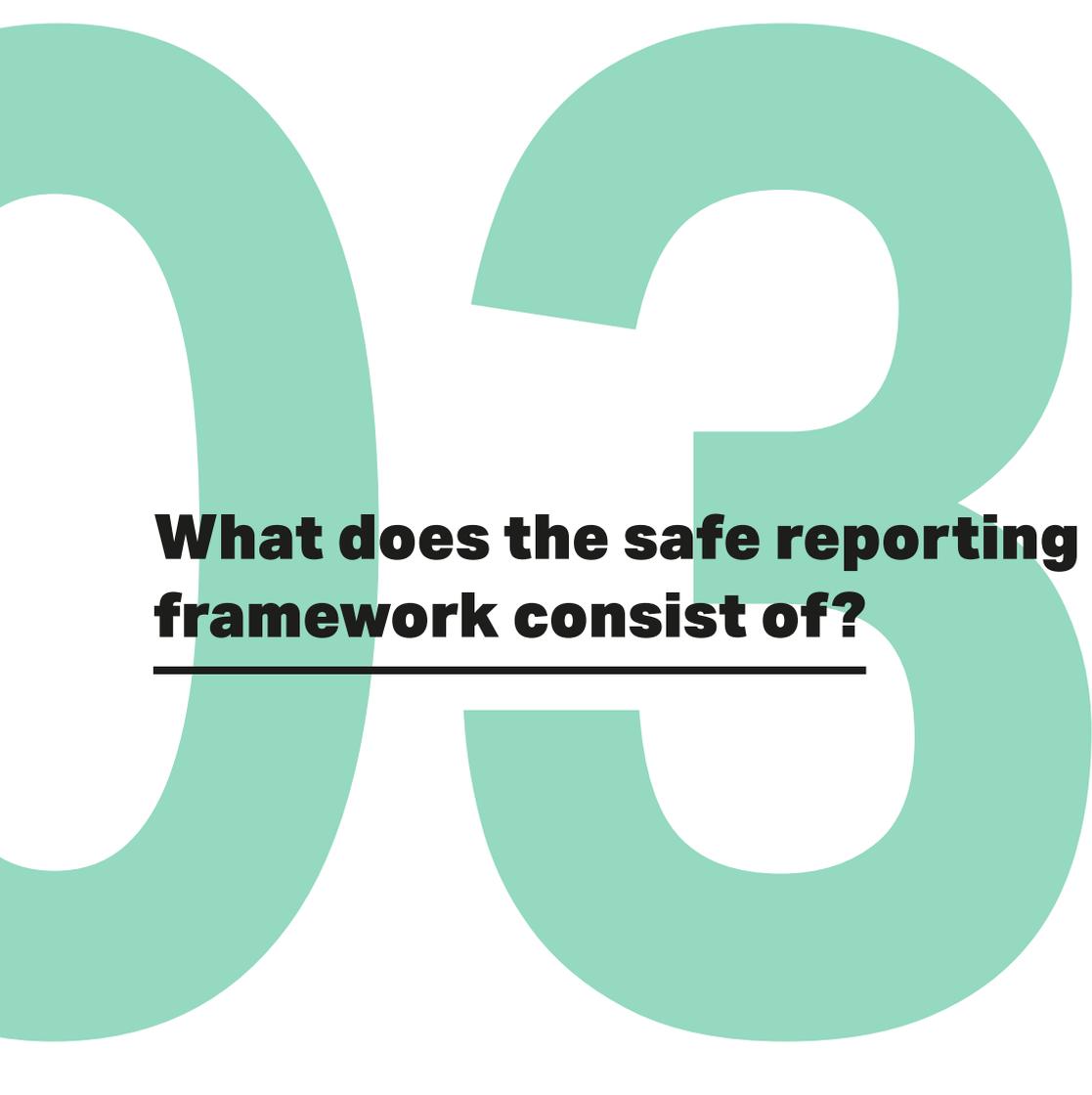
Identifying the need for more concrete tools and guidance that help implementing safe reporting, the INHERE project developed a research-based safe reporting framework. The research applied a stepwise, sequential design in arriving to a validated safe reporting framework:

- 1. First, an in-depth analysis of national policies and legislation on safe reporting was carried out in Belgium, Ireland, and the UK. Following, findings on the national level were integrated in a rapid appraisal that further analysed them in light of EU laws. This appraisal identified to what extent national legislative frameworks aligned with the EU framework. Desk research and stakeholder consultations in Belgium, the UK and Ireland showed that certain policies and procedures exist that might contribute to safe reporting⁶. Yet no countries had all necessary elements put in place to ensure migrant victims are guaranteed they would not be punished for coming forward. Based on this legal and policy analysis an initial safe reporting framework was set forward.**
- 2. To assess the validity of the safe reporting framework, focus groups were organised with law enforcement, sexual assault care centre staff and victims in the three countries. Furthermore, consultations with international experts were sought.**
- 3. Based on the findings of the focus group discussions and expertise feedback, scenarios of implementation in sexual assault care centres were developed and filmed. These videos showed proposed best practices in sexual assault care centres with regards to safe reporting. To validate this implementation phase, victims, law enforcement personnel and sexual assault care centre staff were asked in an online questionnaire about the feasibility of implementation in practice, whether they felt comfortable with and accepted the scripts and procedures,**

and if they thought these practices would lead to increased feelings of safety and reporting sexual violence among migrant victims.

As such, the safe reporting framework that we present here is result of extensive scientific research and two rounds of validation in Belgium, Ireland, and the UK. Validity testing was conducted with multiple stakeholders: victims, law enforcement, sexual assault care staff and international stakeholders and experts on the field. As a result, the safe reporting framework reflects the input gathered from multiple stakeholders.

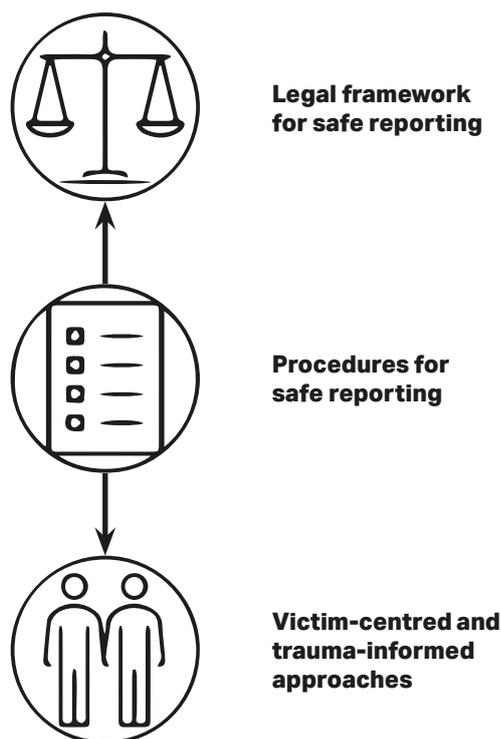
⁶ Read more about the national analysis in Boychenko, O., Szelei, N., Le Pavic, G., Shrimpling, R., Linthout, L., Keygnaert, I., & Verelst, A. (2021). *Safe reporting for migrant victims of sexual violence: Mapping policies in Belgium, Ireland, and the UK*. Victim Support Europe, Brussels and Ghent University, Ghent.

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**What does the safe reporting
framework consist of?**

3. What does the safe reporting framework consist of?

This safe reporting framework is a tool for professionals, institutions, organisations and authorities to ensure safe reporting for migrant victims of sexual violence. Based on the outcomes of our research, it became apparent that true safe reporting goes beyond ensuring safety in the moment of reporting, and it implies more than having the right legal and policy frameworks in place. We identified three interrelated aspects of safe reporting, namely: **(1) legal framework for safe reporting, (2) procedures for safe reporting, and (3) victim-centred and trauma-informed approaches of professionals.**



- 1. Legal framework for safe reporting:** A law or legislative framework that delinks reporting sexual violence from immigration law enforcement. Thus, it ensures that victims who come forward are not subject to immigration law enforcement (deportation, detention or other punishment on the basis of not having the right documents).
- 2. Procedures for safe reporting:** Procedures that make victims feel safe to step forward to report sexual violence and to seek medical and psychological help in a safe environment. These procedures comply with and ensure the implementation of the legal framework for safe reporting. These procedures are important from the moment of raising awareness among migrant victims about opportunities and rights to access care, support and report to the moment of reporting.
- 3. Victim-centred and trauma-informed approaches:** Inter-relational and professional approach based on victims' needs and an understanding on how trauma can impact victims' lives. Victim-centred and trauma-informed attitudes and behaviours of all professions help victims feel welcomed, safe, understood, believed, and supported.

The safe reporting framework we present here elaborates on these three aspects separately, but it is important to note that they are interrelated and all three of them are needed for ensuring safe reporting. When presenting these elements of the safe reporting framework, we first identify crucial findings based on research conducted in INHeRE, then we give general recommendations for policy and practice, and finally we supplement potential, hypothetical scenarios of implementation in practices of sexual assault care centres and law enforcement⁷.

⁷ These scenarios have been developed by The Havens and UGent-CESMIR. The examples are suggestions that have been validated as potential best practices for safe reporting. However, they are currently hypothetical: some of the scenarios might be already practiced in some countries, while in others still certain legal, organisational and practical changes have to happen before they can be implemented. The law for safe reporting that the scenarios refer to currently do not exist.

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**Legal framework
for safe reporting**

4. Legal framework for safe reporting

INHERE RESEARCH SHOWS

Even though reporting crime is a right of all victims, it remains a difficult matter for victims of sexual violence, and especially migrant victims. In our research, this was not only due to the traumatic nature of sexual violence, but also because migrant victims felt insecure to come forward due to their migration status in a country, and feared deportation, detention and threats from perpetrators. Migrant victims reported they were also often unsure what implications reporting would have on their residence status in a country. Therefore, uncertainties around rights and legal procedures, as well as existing gaps in current legislation and policy are one of the major barriers in reporting sexual violence and seeking healthcare. This was also the case in countries where practice in fact delinked reporting sexual violence from immigration control, but there was still not a formal policy on this. Without a legal base, professionals working with migrant victims also felt insecure in what information they could reliably provide to victims in terms of consequences regarding migration status. Law enforcement officers testified that the absence of a strong legal basis that protects victims of crimes from migration enforcement forced them to work in a grey zone. However, all participants noted that establishing a legal framework for safe reporting must be complemented by extensive awareness raising activities so that every professional, victim and the general public are aware about their rights and opportunities to access healthcare and report crime.

Recommendations⁸

1. **A formal legal framework should establish a firewall. This means a legal guarantee that migrant victims of sexual violence seeking help, support, protection, reporting and access to the justice system will not be subjected to immigration control. EU law and policy should ensure that any immigration enforcement should only be applied without prejudice to the Victims' Directive. Furthermore, to allow for an effective firewall in the respective member states, this legal framework should be embedded in and complimentary to national legislation. As a basis, this legal framework provides...**
 - 1.1. **... the right to safely report to all migrant victims at all stages of the case: before reporting, when reporting, during criminal proceedings and after a case is closed.**
 - 1.2. **... a base for further policy development for all service providers that come in contact with migrant victims.**
 - 1.3. **... a base for developing clear guidelines and procedures for all service providers and authorities involved in criminal proceedings.**
2. **Service providers should have formal policies, public messages and awareness raising campaigns explicitly stating that migrants can report sexual violence regardless their residence status and without the risks of immigration law enforcement. These campaigns should also particularly target migrant communities and organisations working with those communities.**

⁸ These recommendations are general guides for policy-making, not exact formulations of legislation. Specific legislation should be further developed with respect to national and EU legal contexts.

- 3. Care services should have formal policies, public messages and awareness raising campaigns explicitly stating that access to care services is completely delinked from immigration law enforcement or control. A formal policy should guarantee victims' access to care services regardless migration status in accordance with Art.8 and 9 of the Victims' Rights Directive.**
- 4. This firewall principle should be applied to reporting and following criminal proceedings even if migrant victims cannot stay anonymous at these stages.**
- 5. The legal framework should stipulate that information on migration status should preferably only be shared between service providers and other agencies with the victim's consent.**



Victim-centred and trauma-informed approaches of professionals

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5. Victim-centred and trauma-informed approaches of professionals

While a legislative framework provides the foundation for safe reporting, professionals' victim-centred and trauma-informed approaches to victims are at the core of the effectiveness of safe reporting. Victims of sexual violence are at a relatively high risk of developing post-traumatic stress symptoms compared to victims of other potentially traumatic experiences⁹. Migrant victims of sexual violence face a number of additional barriers to reporting such as fears around immigration status, lack of documents, and deportation, distrust in the government and public services, lack of information on their rights or services available¹⁰.

Desk review, interviews and face validity testing in INHeRE underscored the importance of victim-oriented approaches of professionals that respond to the individual and to the unique needs of each victim. This approach is at the same time trauma-informed: it takes into account the impact of sexual violence on a victim. We identified five tenets of a victim-oriented approach to facilitate safe reporting, namely: 1) Clear communication, 2) Safety and trust/reassurance, 3) Control and Choice, 4) Flexibility and Patience, 5) Empathy.

5.1. Clear and reassuring communication

INHERE RESEARCH SHOWS

One of the reasons that migrant victims noted to explain not coming forward to report sexual violence or seek support services was not being aware of their rights, the care and support services that exist or what criminal proceedings entail. Whilst some procedures envisage awareness raising among victims and other stakeholders, the way information is given proves to be of utmost importance. Our study showed that information given to victims on their rights, available services, and reporting crime might have not been always understood. Reactions of fear or post-traumatic stress might hinder comprehension of complex information in a stressful situation such as reporting sexual violence as a migrant victim. Victims stressed the importance of adapting communication in ways it considers the impact of trauma on victims.

⁹ Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress, 26*(5), 537-547.

¹⁰ See more about the particular barriers that migrant victims of sexual violence might face in Lamonaca, S., Vanhoutte, K., & De Schrijver, L. (2021). *Good practice tool for police hearings with migrant, applicant for international protection, refugee (MAR), trafficked, and LGBT+ victims of sexual violence*. Payoke & Ghent University: Belgium.

Recommendations

1. Information should be provided with an **understanding of the impact of trauma** on communication and comprehension. Under high levels of stress, the brain's ability to process language decreases.
 - 1.1. Allow the victim time to recover and process emotions in the immediate aftermath following traumatic experience as it might be difficult to regulate emotions.
 - 1.2. It can be hard for victims to concentrate for a longer time therefore they should be offered complex information in short and clear pieces of information whilst getting the chance to take a break in between if they want to. The difficulty of processing large amounts of complex information should not refrain the practitioner or law enforcement officer from giving all required information. If victims want to receive information, it is important to provide them with them all necessary information in a simple, concise, accurate and transparent manner so that they can make informed decisions.
 - 1.3. The difficulty concentrating on information requires practitioners and law enforcement to repeat information if necessary.
 - 1.4. High levels of arousal at the time of seeking support or reporting a crime might hinder victims understanding the message of information given. Check with the victim to determine whether all information is understood or whether they would like it to be repeated.
2. Information on available options, services, processes should be given in **detail, clearly and using a simple language**. Practitioner should seek whether the victim understood information by follow-up questions and reviewing information together. This applies to all type of information and has been identified as an important step to gain trust.
3. Communicate clearly on the **goal and scope of services** on first contact as many migrant victims are not aware of the services offered in the sexual assault care centers.
4. Victims should receive **clear and transparent information on both the legal framework and the procedures taking place in sexual assault care centres**. Transparency is key for victims to build trust in the fact that they can truly report in a safe manner. Care workers and law enforcement officers should take a **step by step approach** when explaining complex procedures.
5. Practitioners and law enforcement should **check** to ensure that the information they have provided was indeed understood in the right way. Vice versa, it is also crucial for care workers and law enforcement to check with the victim whether they understood what the victim meant.
6. Victims should be given information in **multiple formats**. After providing information on the criminal proceedings orally, it is deemed helpful by victims to receive that information in a flyer or brochure. In high stress situations, visual information might be easier to understand. Sensitivity by practitioners and law enforcement to that need is necessary.
7. **Different stakeholders** should provide the same information to victims at different points in time. As victims explain, fears and emotions get in the way of communicating while a sense of safety later helps them to understand and trust the messages received.
8. **Peer to peer information provision** should be possible if the victim wishes so. Victims sometimes value information provided by other victims based on their own experiences.
9. Migrant victims are often unacquainted with the legal systems in the country where they are victimised. Special attention is

required to provide additional information on context to understand the rights and services offered in a specific country. It is important to steer clear of any jargon when talking to victims.

10. **Migrant victims might speak different languages than the national language(s) of the country where they were victimised. It is important to check with the victim whether they would need translation even if they speak the language fluently. Communicating on traumatic events might be easier when using their own languages/ mothertongues.**
11. **Practitioners and law enforcement should repeat and reassure the messages around safety at different times. A traumatised state of mind and particular barriers related to migration status can hinder victims from believing information on their safety. Repetition and humane reassurance is key.**

Examples

- **Providing simple and accessible information:** The sexual health services we offer are completely separate to the police. We won't let them know that you have attended or share any medical information. They will not have access to your records. It's entirely confidential.
- **Informing the victim about ways of communication and checking if victims understood:** Consent is where you give your permission for something only once you are fully informed of what's involved and what will happen. You and I both need to be confident that you fully understand. I might ask you questions to check if you understand. This is not a test, there are no right or wrong answers, and all that will happen if you don't understand is that I will explain it again – hopefully in a way that is clearer.
- **Offering moments to repeat information and explain more in detail:** We can also go over anything else you might be worried about and explain all of your options in more detail.

- **Checking with the victim to ensure professional understands victim's message:** That's fine, thank you for your patience. I'm now going to make some suggestions about other types of support you might like. But first I'm just going to summarise what your immediate basic needs are just to check I've fully understood. Is that OK?
OK. Here is a summary of what we have done so far: We have made sure that you have you have no medical injuries that need attention. We have carried out a full sexual health screen and given you medication for your symptoms. We have also collected samples and information, which may be helpful as evidence, if you later decide to report to the police.

5.2. Safety and Trust/ Reassurance

INHERE RESEARCH SHOWS

Migrant victims are often very scared to step forward to report sexual violence for various reasons. In our study victims described an intense and overpowering fear of stepping forward. Victims expressed many barriers of reporting, centring around fears of deportation, detention, arrest due to migrant status, and threats from perpetrators and traffickers. Furthermore, victims portrayed a deeply rooted distrust in authorities both due to negative experiences in the victims' countries of origin, as well as in the host country. Interviews and focus groups made it clear that overcoming those fears required more than receiving 'objective' information of a legal framework or safe procedures. Safe reporting can only be achieved by providing safety, reassurance and trust. Our study showed that feelings of increased safety, trust in the system and healing were built slowly through experiencing support and protection first-hand. Trusting that it is safe to speak out and seek help requires time and a range of small positive experiences.

Recommendations

1. Create a **physical environment** that looks and feels safe for victims. Sexual assault care centers should be mindful of creating a physical environment that represents safety for victims. This includes
 - 1.1. Physical spaces that are in a safe location.
 - 1.2. Examination rooms where doors can be closed.
 - 1.3. Rooms that have good insulation to ensure victims know what they said cannot be overheard.
2. Police officers in a sexual assault care center should not wear a **uniform** to avoid increasing victims' fears of e.g. deportation or abuse of power.
3. Practitioners should contribute to the safety of the environment by **being sensitive to victims' fears around safety**:
 - 3.1. Ensure that the victim sits closest to the door and the practitioner doesn't block the way to the exit as it might elicit traumatic stress responses for a victim.
 - 3.2. Practitioners and law enforcement officers should communicate their understanding of the fears that victims might have with regards to stepping forward to seek help or report a crime.
4. Victims should be ensured that information provided is **accurate and reliable**. This implies that both practitioners as law enforcement agents are informed about the procedures of safe reporting. This implies that they are also able to offer basic accurate and reliable information of the complete procedure.
 - 4.1. Practitioners and law enforcement agents should share (basic) information on their role and a complete safe reporting procedure with each other.
 - 4.2. Written information or basic training on safe reporting should be provided

to all professionals in contact with victims. This would help align messaging across professionals to increase trust from victims and other stakeholders.

5. Victims should be offered **reassurance** of the safety of reporting or seeking support. This requires practitioners and law enforcement to go beyond a mere statement of the safe reporting legislation and procedures in place to repeatedly and clearly communicating those guarantees. Victims should be confirmed that immigration will not be contacted, that the information they give will be treated confidentially, that there are protection measures that will provide them safety etc. Telling these information points once is not enough, victims have to be reassured about all the elements regarding safety, confidentiality, consent and protection.

Example: Reassuring a victim about the safety of procedures in sexual assault care centres in a transparent way

- **Victim:** I'm worried about what might happen to me if I come in.
- **Crisis worker:** Worried in what way?
- **Victim:** Who you will tell and what might happen to me. I don't have papers to be in this country, that is why I don't want to go to the police.
- **Crisis worker:** OK, I see. The sexual health services we offer are completely separate to the police. We won't let them know that you have attended or share any medical information. They will not have access to your records. It's entirely confidential. You can remain anonymous if you prefer, although we will need a name, date of birth and some form of contact information in order to provide you with your results. This doesn't have to be your real name or date of birth, but just something so that we can check we are speaking to the right person.
- **Victim:** OK. And the police and immigration won't find out?

- **Crisis worker:** No. We're not allowed to share your information with them, unless you want us to. Sexual health services aren't allowed to share information with police, except in very specific circumstances. We can talk more about these if you like, but first I'd like you to know that regardless in the case of sexual violence, there are laws to protect you and ensure that your information is not shared with immigration officials even if you do decide to report to the police.

5.3. Control and choice

INHERE RESEARCH SHOWS

All participants in our study underscored the importance of giving victims control when they want to report a crime or when they seek support from services. During an act of sexual violence, victims often feel robbed of their sense of control and self-determination. Victims of human trafficking will have often undergone long periods of intimidation and control. In order to gain a sense of safety, a space must be created where victims are given control and offered choices throughout the whole process of service provision or safe reporting. Stakeholders stressed the importance of giving victims the choice to decide on both bigger and smaller questions.

Recommendations

1. **Victims' needs and wishes should be the starting points of information giving and support provision.**
2. **Before providing information, asking questions or carrying out an examination, it is key that a victim is requested whether they agree with that.**
3. **The choice of victims to engage in any type of activity, examination or interrogation should be respected at all times.**
4. **Consent procedures to be practices with regards to data management in accordance**

with GDPR representing and reiterating control in the hands of victims.

5. **Careworkers and law enforcement should not rush victims to tell their story and victims should be allowed to determine what to share or not.**

Examples

Giving choice in how to proceed with information giving:

- 'Do you have any specific questions, or would you prefer if I go through some of the things that are common concerns for people first'
- —
- you don't have to tell me anything you'd prefer not to. Might it help if I ask you some questions and you can chose if and how you want to answer?

5.4. Flexibility and patience

INHERE RESEARCH SHOWS

Feeling safe to seek support or report a crime is only possible in a flexible environment. All participants pointed to the difficulty of building trust and safety for migrant victims, and that it required a patient and flexible approach. A victim-oriented approach includes - according to our study - flexibility to the individual and unique needs of each victim. Even more so for migrant victims who might suffer from some basic needs (e.g. food, housing, clothes, protection) not being fulfilled and that impede victims from coming forward. Whilst having the right procedures in place to assess these individual needs are fundamental, a flexible and creative approach is required from each professional. A flexible and often creative response to victims' specific needs is an integral part to ensuring victims can safely seek care and report. Some care workers also underlined the importance of offering water, having an informal conversation for building trust and a safe relationship.

Recommendations

1. Care workers and law enforcement professionals should pay additional attention for the **individual and unique needs** of each victim. All care workers and law enforcement officers should follow the procedures for individual assessment suggested in this report.
2. **Recognise the concerns** victims might have. **Collaboration with partner services** to respond to the unique needs of each victim should be an intrinsic part of the response of sexual assault care centres. Appropriate legislation and procedures should ensure that professionals are able to respond to the individual needs of migrant victims.
3. Care workers should be flexible with regards to procedures when victims are seeking care at the sexual assault care centres. This implies a **victim-centered approach** that would allow diversity in timing and alignment of procedures in the sexual assault care centre.
4. Law enforcement officers should approach migrant victims with **flexibility**. The barriers to reporting are multiple and thus time and flexibility is needed to inform, reassure, and convince victims that they can report safely. Having an approachable presence in place and with organisations migrant victims are acquainted with has showed to lower the threshold to build that trusting relationship. With time and flexibility, trust could be developed that helps a victim stepping forward to share information with the police and even report.
5. If possible and welcomed by victims, more **informal and interpersonal interactions** have been identified as valuable to establish a trusting relationship with care workers. It means that professionals create a warm environment by simple everyday conversations. However, this does not imply in any way that care workers should derail from their professional relationship with victims but rather that they use their interpersonal skills to ensure that those

who are victims of sexual violence feel treated as individual human beings and not merely as victims.

6. Some victims might not follow up on care or will not reach the sexual assault care centres/police departments because of practical or financial reasons. **Assessment of those barriers and a flexible approach to counter them** is important.
7. Notwithstanding any medical reasons not to it could be of value that practitioners in the sexual assault care centre **offer** victims something (e.g. water, tea or coffee) to **drink** when welcoming them.

Examples

- **Offering choices:** Well, there will be different options available to you depending on the situation and your preferences. I can tell you a little bit about this is you like?
- —
- That's fine, you don't have to tell me anything you'd prefer not to. Might it help if I ask you some questions and you can chose if and how you want to answer?
- **Taking time to respond to the individual needs:** I can book an appointment for you now. Before I do that, can I ask, is there any other kind of support or information you'd like – for example, would you like to hear more about counselling or more information about the law?

5.5. Empathy and dignity

INHERE RESEARCH SHOWS

Stakeholders consultation as well as interviews with all participants repeatedly stressed the importance of a human and empathic approach to migrant victims. While this was of high importance among all participants, victims further nuanced what such an approach means. Showing empathy, care, non-judgmental attitudes, non-discrimination were all key corners in how victims wanted to be approached. They also stressed the importance of showing belief in victims' experiences and treating victims with dignity.

Recommendations

1. **Building trust is central: listen to victims take time to build the relationship and support along the way.**
2. **Care workers should believe victims and recognise the injustice of the violence.**
3. **Victims should be treated in a non-discriminatory manner without judging.**
4. **Care workers and law enforcement members should have a warm and human approach. For some victims it is important to be given hope.**
5. **Care workers and law enforcement should show concern, understanding and empathy to the victim.**
6. **Victims should be treated in a down to earth manner.**

Examples

- I understand. It sounds very distressing and I am sorry that you are going through this.
- _____
- I believe you.

Safe procedures in sexual assault care centres

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6. Safe procedures in sexual assault care centre

INHERE RESEARCH SHOWS

Sexual assault care centres (SACCs)¹¹ combine acute forensic, medical, and psychological care needs, supported by a multidisciplinary team of health professionals for victims of sexual violence. Even though already a freely accessible service for all victims, migrant victims often do not reach SACCs. Migrant victims expressed fears of immigration control as well as unawareness of the existence of SACCs, of rights, and opportunities to access them, and insecurities about what is happening in SACCs and how they can remain safe there. These uncertainties and unclear procedures can lead migrant victims avoiding accessing the care they need, and to report crime.

Consequently, another crucial element of the safe reporting framework is safe procedures in SACCs. This means that, given a legal framework for safe reporting exists, sexual assault care centres develop their formal policies and procedures that ensure migrant victims can safely access care services without fearing immigration law enforcement. While this is already an often practiced principle, SACCs might lack the legal guarantee that can reassure migrant victims about safe access. Migrant victims as a specifically vulnerable group in specific circumstances often remain not explicitly mentioned in SACC policies and practices, even though safe procedures apply in general to all victims.

Therefore, procedures for safe reporting in SACCs include processes between victims and professionals, among SACC staff and between SACC and other agencies and authorities that implement and ensure the safe

reporting principle. This applies to all stages of a migrant victim's journey in a SACC. We here identified five key moments in a SACC that are crucial in ensuring safety: awareness raising about SACC services; providing information about safe reporting, services and rights; data management; assessing victims' needs; and informal consultation with the police through the support of SACC services. Throughout these procedures, SACCs implement the legal framework for safe reporting, and care workers embrace and demonstrate victim-centred and trauma-informed behaviours and attitudes. Translations and interpretation are provided as needed.

In addition, sexual assault care centres should create an environment in which victims feel safe to come forward and seek care even if they do not want to report sexual violence. In sum, migrant victims receive high quality care regardless of residence status and regardless whether they intend to report throughout their trajectories in a SACC.

6.1. Awareness raising

INHERE RESEARCH SHOWS

MAR victims often do not reach SACCs. One determining factor is the lack of awareness of the existence of services offered not only among migrant victims but also among services working with them. Victims and SACC staff in INHERE confirmed the importance of campaigns and communication tools in order to raise awareness about services and safety of sexual assault care centres among

¹¹ We use the term sexual assault care centres as an umbrella term. The three countries use different terms to describe the same healthcare service: they are Sexual Assault Treatment Units (SATUs) in Ireland, Sexual Assault Referral Centres (SARCs) in the UK, and Sexual Assault Care Centres (SACCs) in Belgium. Currently, these centres also have different practices, organisational characteristics, opportunities and resources in the three countries.

migrant victims and professionals working with them. They also noted that multilingual communications, as well as closer direct ties with communities would need to be forged in order for migrant victims to know about and feel safe to enter a SACC.

Recommendations

- 1. Create public messages and awareness raising campaigns should include the following explicit information with regards to migrant victims:**
 - 1.1. Migrant victims have the right to safely and freely access SACC services.**
 - 1.2. The primary concern of SACCs is the health and wellbeing of victims: migrant victims will be treated and cared for, regardless of residence status and regardless whether they wish to report to the police**
 - 1.3. Migrant victims can be accompanied when coming to the SACC**
 - 1.4. There is a safe reporting law with which SACCs comply with**
- 2. SACCs should provide accurate information about their services explicitly mentioning migrant victims in their own communication material and channels (e.g. website, flyers, leaflets) multilingually**
- 3. SACCs should engage in collaborations with other professionals working with migrants and local communities in order to raise awareness, for example:**
 - 3.1. Putting up flyers, leaflets, posters in asylum centres, doctors' office, airports and other public places.**
 - 3.2. Arranging or participating in awareness raising events with local migrant communities and former victims.**
 - 3.3. Establishing media presence (e.g. social media posts).**

6.2. Information on procedures in a SACC and victims' rights

INHERE RESEARCH SHOWS

Migrant victims are often scared when contacting and entering SACCs for fears around immigration control and feeling insecure about what will happen in a SACC. Victims reported concerns around what services they could access, whether their migration status would be reported to the police, and how they could remain safe from perpetrators and other dangers in a SACC. These fears were further aggregated by uncertainties about processes, opportunities, and rights in a SACC. Victims and care workers indicated victims feel safe when being provided clear, reliable, and understandable information about services and processes in a SACC, when they are offered a variety of options in a manner it suits the victims' needs and circumstances, and when victims can choose how they wish to proceed. Furthermore, reassurance about safety, confidentiality, privacy, and rights is of key importance.

Recommendations

1. SACCs should have multiple points of entry for victims where they can freely and anonymously ask questions about SACC services e.g., telephone or online chat.
2. SACC staff should clearly explain the full range of services migrant victims have the right to access, using simple, understandable language. If necessary, SACC should provide multimodal and multilingual tools to demonstrate the steps victims can take in a SACC.
3. SACCs should provide information on the legal framework for safe reporting, as well as ensure that every procedure in a SACC implements the safe reporting principle. Migration status should not be asked and when revealed, should only be shared with other services and agencies with the victim's consent.
4. SACC staff should explain and reassure migrant victims that each procedure is confidential, and victims can remain anonymous, if they wish to. When applicable, SACCs should also provide information on the pitfalls of anonymity, e.g. in establishing evidence further on, if victims choose to report and enter the investigation process.
5. SACC staff should be patient with victims, give time for decision/making, and check-in if victims feel comfortable with the steps taken.
6. SACCs staff explain what referrals can be made and how safety is provided when working with other care providers and support agencies. SACCs should make warm referrals.
7. SACCs should provide information on victims' rights in a trauma-informed way. Some information needs to be repeated or provided at different times and in different modalities. This might mean that information on victims' rights is only discussed in detail during a follow-up visit. Reassuring victims about their rights is of crucial importance.
8. SACCs should provide information to several service providers (NGOs, GP, psychologist, social services, etc.), through public awareness campaigns and educational activities. SACCs should make warm referrals also to support organisations where victims can get more information and support to exercise their rights.
9. SACCs should provide information on victims' rights in different languages to ensure victims can access it in a language they understand.

Example: A migrant victims contacts a SACC for the first time

disclaimer: this is a hypothetical scenario

- **Crisis worker:** Answers a ringing phone. There is a silent pause. The crisis worker says her name and that she is here to help and advises the caller that they can take their time and talk when ready.
- **Victim:** I've been given a leaflet by a lady who suggested she call... I don't really know what to say.
- **Crisis worker:** That's fine, you don't have to tell me anything if you don't want to. (Pause) Might it help if I ask you some questions and you can choose if and how you want to answer?
- **Victim:** OK.
- **Crisis worker:** First, can I check that you're comfortable having this conversation in English or would you prefer an interpreter?
- **Victim:** English is fine.
- **Crisis worker:** OK, that's fine, just let me know if anything isn't clear. Can I ask if you're willing to give me your name, or a name I can call you for now? You don't have to if you don't want to.
- **Victim:** I'd prefer not to.
- **Crisis worker:** OK, that's fine. Can I ask, has something happened that you want advice about?
- **Victim:** Yes

- **Crisis worker:** When did this happen?
- **Victim:** It's been going on a while.
- **Crisis worker:** Ok, so it's still continuing?
- **Victim:** Yes. It started about 3 years ago and it is still continuing.
- **Crisis worker:** OK, and do you feel safe at the moment or are you worried that you are in danger?
- **Victim:** I feel safe now, no one is with me, I just don't know what to do.
- **Crisis worker:** Well there will be different options available to you depending on the situation and your preferences. I can tell you a little bit about this if you like?
- **Victim:** Yes, please.
- **Crisis worker:** Ok, well, there are three main areas of help that are available. The first area is about addressing any immediate health, medical and safety needs you might have. This might mean getting assistance for physical injuries if you have any, checking you have a safe place to stay, and depending on the situation, advice about preventing pregnancy or testing for sexually transmitted infections. The second area of help might be about your emotional and psychological needs, for example help finding someone to talk to or counselling. The third area of help might be in terms of reporting to the police if you want to and haven't already, or discussing what this might involve and whether the option of having an examination to collect evidence, is available to you. Which of these are you interested in?
- **Victim:** I don't want to report to the police.
- **Crisis worker:** OK, that's fine. You don't have to.
- **Victim:** Are you going to tell them I'm calling?
- **Crisis worker:** No. Everything you tell me is confidential. Even if you had given me your name, I'm not allowed to share your information without your permission, except in very specific circumstances, for example if I thought you were in immediate danger and needed help. And even then, I would aim to discuss this with you first.

(Pause) Can I ask, are you at all interested in having a health check for sexually transmitted infections? Is this something you're worried about?

- **Victim:** Yes. I'm worried I might have an infection as I have some pain, but I'm worried about what might happen to me if I come in.
- **Crisis worker:** Worried in what way?
- **Victim:** Who you will tell and what might happen to me. I don't have papers to be in this country, that is why I don't want to go to the police.
- **Crisis worker:** OK, I see. The sexual health services we offer are completely separate to the police. We won't let them know that you have attended or share any medical information. They will not have access to your records. It's entirely confidential. You can remain anonymous if you prefer, although we will need a name, date of birth and some form of contact information in order to provide you with your results. This doesn't have to be your real name or date of birth, but just something so that we can check we are speaking to the right person.
- **Victim:** OK. And the police and immigration won't find out?
- **Crisis worker:** No. We're not allowed to share your information with them, unless you want us to. Sexual health services aren't allowed to share information with police, except in very specific circumstances. We can talk more about these if you like, but first I'd like you to know that regardless, in the case of sexual violence, there are laws to protect you and ensure that your information is not shared with immigration officials even if you do decide to report to the police. These laws mean that you have the right to access appropriate care and support following sexual violence and that if you want, you can report to the police and you will be protected against deportation or detention. One of the things you have a right to is legal justice and safety. This is known as 'safe reporting.' You are entitled to police support if you'd like it, no matter your immigration status. If you'd like help with either of these we can discuss this further.

- **Victim:** No, I just want the tests for infections. How can I arrange this?
- **Crisis worker:** That's fine, I can book an appointment for you now. Before I do that, can I ask, is there any other kind of support or information you'd like – for example, would you like to hear more about counselling or more information about the law?
- **Victim:** I already have a lady at the other service I talk to so I don't need a counsellor. She said you might be able to collect evidence.
- **Crisis worker:** Yes, that's right. It depends on a few things such as when the last incident happened so I'd need a bit more information to decide whether we can do this, but it is something we can discuss if you'd like?
- **Victim:** Yes please.
- **Crisis worker:** Ok, at the moment, the evidence we collect is used to support police investigations. This doesn't mean you have to report to the police, but what it means is that if you decide to do so later, we have collected and stored the evidence for you so it's not lost over time. If you decide you don't wish to report, it will be destroyed. So this allows you time to think it over. Would you like to do this?
- **Victim:** I'm not sure. And I don't want to share more information right now. I'll talk about it with my support worker first.
- **Crisis worker:** OK, If you'd like, we can start by booking you an appointment to come in tomorrow for sexual health screening and to discuss potentially collecting evidence, depending on the time frame and your preferences. We can also go over anything else you might be worried about and explain all of your options in more detail. We won't do anything without your permission, except in the extremely exceptional circumstances I mentioned. If you like, you can bring your support worker with you?
- **Victim:** She can come with me? Ok, yes that would be good.
- **Crisis worker:** Yes. OK, I'll book you an appointment.

6.3. Data management

INHERE RESEARCH SHOWS

Victims expressed worries around how their personal, health and migration data would be managed in a SACC. Victims' primary concerns mainly considered their data being protected and remaining anonymous and confidential for reasons of fears from perpetrators and immigration control. Providing the opportunity to remain anonymous for those who wish to, as well as a reassurance about confidentiality and safe data protection were vital in the victims' views. Consent procedures to share a victim's data with other agencies were also found highly important. SACC staff professionals saw some limits in unconditional confidentiality and consent seeking, for example, if issues with safeguarding or child protection would arise. Some victims as well as law enforcement saw full anonymity on the long term limiting victims' opportunities to effectively follow up with healthcare or establish residence status and evidence in the proceeding criminal proceedings. All in all, both victims and SACC professionals thought the most important was for victims to remain in a position of control about what should happen with their data: some might feel confident in giving and sharing their details while others might refrain from it. Therefore, providing information and reassuring victims about data procedures is vital, so that victims can make informed decisions about what they wish to share and what not.

Recommendations

1. SACCs should provide full anonymity to victims who wish to remain anonymous when seeking medical and psychological care, and SACCs should not ask for IDs or visas.
2. SACCs staff should explain that in case identification details are taken, it is only done to provide care, and if the victim chooses to, to establish evidence in the crime investigation process.
3. SACCs should practice the data minimisation and relevance principle. This means register information that is directly relevant in providing care in case of sexual violence and evidence on the same matter. Migration status or other migration related offences would be irrelevant here.
4. Provide clear and trustworthy information on the right and risks to report. Practitioners should be able to guarantee – with an adapted legal framework – that MAR victims' residence status will not be subject to immigration law enforcement.
5. Consent procedures should be transparent and communicated in a simple and accessible language. If information is shared with researchers, police, government institutions or any other actors, that should be made clear to victims. Information to be shared only with the consent of the victim.
6. Procedures to share forensic medical examination reports should be transparent and include as few actors as possible.
7. Medical or other information that is not relevant to the forensic medical examination report should not be shared, especially if it becomes part of the case file that the defence or other authorities also have access to.
8. Data without the consent of the migrant victim might be shared only in case safeguarding concerns arise.

Example: A forensic examiner discusses data management with a migrant victim

disclaimer: this is a hypothetical scenario

- **(NB: A full discussion with the client about when information may need to be shared with police or other authorities, for example if someone is at immediate risk of severe harm, has already taken place. It has been established that there is no reason at present to disclose information to other agencies.)**
- **Doctor:** Hello, I'm the doctor you'll be seeing today. I understand that you'd like to have a forensic medical examination, and by that, I mean an examination in order to collect information that may be used as evidence in a police investigation, in case you later decide to report to the police. Is that correct?
- **Victim:** Yes.
- **Doctor:** OK. We can do that. I know you've already spoken with my colleagues about this process, but I need to go over a few things to make sure everything is clear and to check if you have any more questions. Is there anything you'd like to ask me at the moment?
- **Victim:** I want to check that you really won't share this with the police? I really don't want them to know at the moment.
- **Doctor:** That's OK. Your information is confidential. Unless any new information you share meets the criteria we have already discussed, we won't share your information with the police without your permission, this is also known as your consent. Consent is where you give your permission for something only once you are fully informed of what's involved and what will happen. You and I both need to be confident that you fully understand. I might ask you questions to check if you understand. This is not a test, there are no right or wrong answers, and all that will happen if you don't understand is that I will explain it again – hopefully in a way that is clearer. For example, we need your consent to do this examination. This means I have to explain the process to you and check you understand. Once you and

I feel satisfied that you understand, you can choose whether or not you want to go ahead. Does that sound OK?

- **Victim:** Yes. But what if I change my mind?
- **Doctor:** Giving you consent for the examination, doesn't mean you can't change your mind or stop at any point. You are in control. If you ask me to stop, I will and this will have no impact on other aspects of your care. Is that clear?
- **Victim:** Yes, I think so. So, if I don't want to take off my clothes, I don't have to?
- **Doctor:** Yes, that's right. It might mean there are certain tests we can't do but I will explain this to you, so you can decide whether or not you want to go ahead or not. If you don't want to, that is fine.
- **Victim:** OK. Thank you, I'll see how I feel at the time. Is that OK?
- **Doctor:** Yes, of course. And even if we start and then you change your mind, that is fine. Anything else you'd like to ask?
- **Victim:** Yes, I know you won't share my information with the police right now, but I'm still worried about what might happen if I do report to the police. There are some things you might ask me that I don't want them to know.
- **Doctor:** If you later decide to report to the police, you would still need to give us your consent to share your samples and information with them. Also, not all the information we collect today will necessarily be shared with them even if you do report. Only relevant information that you consent to will be shared with the police. This means information that is needed to carry out the investigation such as details about what happened and if there were any injuries. Information about your immigration status or previous medical history isn't usually relevant, so that wouldn't be shared and the information is stored separately. The same goes for the results of your sexual health screening. However, in some cases, you might feel that it is helpful for the police to have this information, for example, if you feel the person abusing you was able to sexually exploit you because of your immigration status or health problems, all

of which are illegal. But what information you chose to share is up to you. As we go through the examination, I will explain to you which pieces of information might be shared with the police and why. You can decide if and how you wish to respond. Is that OK?

- **Victim:** OK, yes. That is helpful. And one last thing, you are sure that this is all confidential? There are people I'm afraid of who have threatened me if I do tell someone. What if they find out?
- **Doctor:** This is all confidential. All your information is stored securely and cannot be accessed without specific permissions. The police also have similar procedures. There are laws and guidelines we are required to follow in order to keep you safe. However, I'm worried about the fact that someone has threatened you. Once we've done the examination, I'd like to ask you some more questions about this to ensure that you are safe. You don't have to answer anything you don't want to, but it might be helpful. Is that OK?
- **Victim:** OK, yes, we can talk about it.
- **Doctor:** Thank you.

6.4. Protecting victims and attending to individual needs

INHERE RESEARCH SHOWS

Migrant victims might be in very different situations and might have very different needs. Victims in the INHeRE study emphasised the utmost importance of attending to victims' unique needs such as protection, safe accommodation, psychological care, and other basic needs such as alimentation. This was a clear priority in victims' views as some would refrain from reporting or accessing SACC services unless they were certain from the very beginning of the process that their most urgent protection needs will be satisfied. This was specifically the case for those in need of safe accommodation. Victims highlighted that providing protection, safe accommodation, and any other forms of needs they might have, helps them in coping with traumatic experiences as well as starting to trust in authorities and agencies. Currently law enforcement carries out an assessment of protection once victims report, and SACCs arrange support and further assistance for other needs in the form of referrals. However, sometimes this does not happen systematically, or SACCs do not have the structures and resources to accommodate to all needs.

Recommendations

1. **SACCs should carry out an individual risk assessment regarding:**
 - 1.1. **Accommodation needs: This includes not only the need for accommodation, but also what type of accommodation would be the best for the victim (special circumstances might be e.g. if the victim is pregnant, has children, at risk of retraumatisation if being placed in mixed-gender accommodations, etc.).**

- 1.2. **Needs for psychological care: SACCs should provide this in the centre at least for short-term.**
- 1.3. **Specific circumstances related to migration e.g. for a transit migrant more information and support should be given at first contact since they might not be in the country for long.**
- 1.4. **Other basic needs: e.g. food, clothes, hygiene.**
2. **For protection needs that fall outside the scope of the sexual assault care centers the necessary referrals should be made.**
3. **When victims choose to report, the competent authority should carry out an individual assessment to protect the victim during the criminal proceedings as described in art. 25 of the Victims' Rights Directive.**

Example: SACC staff carries out individual assessment

disclaimer: this is a hypothetical scenario

- **Doctor:** OK, thank you for answering all my questions. I realise it was a lengthy session but it's very helpful to have a better understanding of your situation.
- **Victim:** That's ok. Thank you for letting me take a break too – I was just too tired and needed to rest for a bit.
- **Doctor:** That's fine, thank you for your patience. I'm now going to make some suggestions about other types of support you might like. But first I'm just going to summarise what I've understood from you are your immediate concerns in order to ensure your immediate basic needs are met, .Is that OK?
- **Victim:** Yes.
- **Doctor:** OK. Thank you – please let me know if I'm missing anything. So other than your concerns about infections which first brought you to us, your primary concern is your safety. You have nowhere to stay and you are worried that people who may harm you are looking for you. You also have no money, so no means to buy

accommodation, food or clothes and you do not have access to your belongings. This includes your medication, which you need to take daily. Lastly, you are worried about the safety of your son and mother back home since they have also been threatened. Is this correct?

- **Victim:** Yes, but also, that my son and mother will find out. I don't want them to know what has happened.
- **Doctor:** OK. Here is a summary of what we have done so far: We have made sure that you have no medical injuries that need attention. We have carried out a full sexual health screen and given you medication for your symptoms. We have also collected samples and information, which may be helpful as evidence, if you later decide to report to the police. We are now going to refer you to an organisation that will provide you with a safe place to stay tonight. They run a service where only women can stay and they provide a high level of security. No one else will be told you are there. Whilst you're staying there they will provide you with money for food, clothes and transport and can help in finding longer-term solutions in terms of accommodation and money. They can also help with shopping for you if you do not know where to go or are too scared to go out. In terms of your medication, I've written a prescription for you and will tell you where and how to get this medication. I'd also like to ask the organisation you're staying with tonight if they can register you with a GP, this is the name we give here to a doctor who is assigned to look after you. Just like here, they follow strict rules about confidentiality. Is that OK?
- **Victim:** Yes. Thank you. And what about the people looking for me and threatening my family?
- **Doctor:** I'm wondering whether you'd be willing to have an informal conversation with a police officer. This means you don't have to give them your name or anyone else's – you can remain anonymous. You don't have to tell them anything you don't want to. The purpose would be to ask their advice and find out if they can help. In the UK, it is the police who are best placed to help with safety concerns. They

will take your concerns very seriously and will be focused on protecting you. Remember, what has happened to you is a crime, and there are laws that protect you from deportation and detention and the police cannot share your information with immigration. They are also very familiar with the safety concerns people have so will have experience in this area, including similar situations where family members abroad being threatened. If you want, you can also ask them questions about reporting. If you like, I can arrange for someone to meet you and your support worker here, just to have an informal discussion?

- **Victim:** OK, only if you are sure it is safe?
- **Doctor:** I think it's the most helpful option we have to offer in terms of your safety.
- **Victim:** OK.
- **Doctor:** And one last thing. I know you haven't mentioned this but it is a concern for me. We have discussed many distressing things here today and you have described some very difficult experiences with me. Thank you for doing so. It is very normal in situations like this to feel anxious and worried, or overwhelmed and helpless. It's different for everyone and there is no right or wrong way to feel. Sometime people feel very low. I'm wondering if you've felt low or had any thoughts of harming yourself?
- **Victim:** I've thought about it, yes. Sometimes I just can't see a way out. But I don't think I'd do anything because of my boy – I want to see him again.
- **Doctor:** OK. That's positive. I know you've previously declined counselling since you feel well enough supported by your support worker, and that is very good. However, I'm still concerned that you thought about harming yourself. I'm wondering if you might be open to me arranging for someone to call you in a couple of days to see how you are feeling? I'd also like to provide you with some numbers you can call if you feel you need help before then. Is that OK?
- **Victim:** Yes.

- **Doctor:** OK, thank you. Is there anything else you need or are worried about that we haven't discussed?
- **Victim:** No, I think that's it. Thank you, this has been very helpful.
- **Doctor:** You are welcome.

6.5. Information about reporting to the police and criminal proceedings

IN HERE RESEARCH SHOWS

Migrant victims noted they often fear the police due to negative previous experiences with the police in either the home country or in the host country. They also indicated being misinformed about their rights and the role of the police, and therefore, victims often harbour deeply rooted mistrust in law enforcement. Therefore, it is important that victims receive information and reassurance about the role of the police, reporting, the justice system, and victim's roles in criminal proceedings from various reliable sources and actors. Our research shows that establishing trust in law enforcement is challenging and might take time. Victims are often afraid of formal contact with the police and formal reporting. Victims appreciated receiving information from the police as part of an informal and confidential consultation prior to reporting. It is also crucial that victims are reassured about the information on safe reporting, and that several actors, such as SACC staff, former victims, NGOs, and support organisations who are experienced in the matter can confirm that reporting is safe.

Recommendations

1. **SACCs should inform victims that reporting is their own choice and provide the same high-quality services for all migrant victims, even if they do not wish to report.**
2. **SACCs should provide the opportunity for migrant victims to informally and confidentially consult the police prior to reporting. Victims should be able to be accompanied when attending these consultations, if they wish to.**
3. **SACCs should also provide the opportunity for migrant victims to receive information about reporting from various reliable sources such as support organisations, lawyers and former victims who already have experience and are familiar with the matter.**
4. **Law enforcement officers should explain and reassure migrant victims in a simple and understandable manner that there is a legal framework for safe reporting that protects migrant victims from immigration control when reporting sexual violence.**
5. **Law enforcement officers should inform victims about both the advantages and disadvantages of reporting. Law enforcement officers and SACC staff should be aware that the risks might be different for migrant victims, and if needed, should refer victims to e.g. migrant organisations or other NGOs that could advise victims on how to navigate both sexual violence and migration-related issues on reporting and when entering criminal proceedings.**
6. **Law enforcement officers should give transparent, simple and accessible information to victims on what to expect in case they report to the police. Expectation management on duration of court cases as well as success rate of criminal proceedings might be provided as well.**
7. **Victims should be given opportunities to be informed about entering the justice system and to understand their role in criminal proceedings, if they wish to report. Victims should be able to consult various authorities, lawyers and former victims who have experiences specifically with MAR victims of sexual violence.**

Example: Informal consultation with a police officer about reporting

disclaimer: this is a hypothetical scenario

- **Police Officer:** Hi, I'm a police officer. I gather you'd like to speak to me to find out more about why you might want to report to the police and why.
- **Victim:** (Silence)
- **Police Officer:** It's ok. You don't have to give me your name or tell me anything you don't want to. Would you like someone in here with you?
- **Victim:** No, it's OK. I've spoken with my support worker and she's going to wait for me outside.
- **Police Officer:** OK, just let me know if you want to take a break or if you want her in here with you at any point. So what would you like to ask me?
- **Victim:** (Silence)
- **Police Officer:** It might be helpful if I give you some information first. Firstly, you should know that my primary concerns are your rights, well-being and safety. The only thing I know at the moment is that you have been a victim of sexual violence. I don't know what happened but it is important that you know, my role is not to investigate you but to investigate what happened to you - if you decide to tell me - and to ensure that you are protected from this happening again. At the moment my role is just to provide you with information. Is that clear?
- **Victim:** Yes.
- **Police Officer:** OK. So there are some common concerns people have when talking to a police officer, I don't know if these apply to you, but I'll address them, just in case they do. People often worry about whether their information will be kept private or if people will find out that they have reported. Your information is strictly confidential. We do not share this information with anyone who doesn't need to know since we are aware that this can put people at risk and there are law about this. Your information is stored very securely and we have protocols in place to

help protect people who chose to report. There are some situations in which some information may become accessible and we can discuss what these are if you like. OK?

- **Victim:** OK.
- **Police Officer:** OK, but first let me address another common worry people have. This is about whether their information will be shared with other areas of law enforcement, such as immigration. The answer is no. There are laws to protect against this. If someone has insecure immigration status in the country, they will not be at risk of detention or deportation. I think this has already been explained to you?
- **Victim:** Yes, the crisis worker, doctor and my support worker have all explained this. I just want to know what the process is if I report. Like what will you do? How would you protect my family if they are being threatened, or me? There are people who will what to harm me for coming to you!
- **Police Officer:** I understand. It sounds very distressing, and I am sorry that you are going through this. I think the main problem is that at present, you and your family are at risk because you have no protection and because we do not know who these people are. We can assist by trying to arrest, investigate and charge the individuals threatening you and your family. We can try to prevent them from harming you. But to do this, we need more information. I realise this requires a lot of trust in us and there is no guarantee that we will be successful in charging them. But there are also other ways we can help with safety. I can promise, that our aim is help you and others stay as safe as possible. Access to protection and legal justice are part of your rights and what is happening to you is against the law. We would like to prevent this happening again. You don't have to decide today, you can take some time to think. And if you have any questions, you can call me on this number. Is that OK?
- **Victim:** Yes. Thank you. I'd like to think about it before deciding what to do.
- **Police Officer:** Of course, that's fine. I'll wait to hear from you.