

# RESPONDING TO SEXUAL AND GENDER-BASED VIOLENCE



Guidance for International Protection  
Accommodation Centre Managers and Personnel

Established in 1951, the International Organization for Migration (IOM) is the leading inter-governmental organization in the field of migration. We work closely with governmental, intergovernmental and non-governmental partners. With 177 member states, a further 11 states holding observer status and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants. Our Constitution recognises the link between migration and economic, social and cultural development, as well as to the right of freedom of movement and our work focuses on counter trafficking, global initiatives, family reunion and resettlement.

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## 1.0: About the Project

PROTECT is a transnational project implemented by IOM offices in 12 European countries: Belgium, Bulgaria, Croatia, Greece, Hungary, Ireland, Italy, Malta, the Netherlands, Poland, Slovenia and Spain. Eight national partners from four countries are participating as implementing partners: Le Monde Selon les Femmes (Belgium), Stichting ARQ (the Netherlands), Stichting Pharos Expertisecentrum Gezondheidsverschillen (the Netherlands), Stichting Rutgers (the Netherlands), Drustvo Kulturno Informacijsko in Svetovalnosredisce Legebitra (Slovenia), Fundación Emet Arco Iris (Spain), Movimiento por La Paz, el Desarme y la Libertad (Spain), and Asociación Rumiñahui (Spain).

These countries represent the main transit countries along the Central and Eastern Mediterranean routes as well as destination countries in Western Europe. Implementation of the PROTECT project in these 12 countries is focusing on:

- Strengthening and adapting existing national support services for sexual and gender-based violence (SGBV);
- Improving coordination between European and country-level services;
- Supporting the inclusion of refugees, migrants and asylum-seekers in these services;
- Building capacity for professionals who work with and for refugees, migrants and asylum-seekers with the aim of identifying and addressing the needs of victims and potential victims of SGBV more effectively;
- Empowering and informing refugee and migrant communities and asylum-seekers of SGBV and its prevention through a regional awareness-raising campaign.

You can find out more about the project, the partners involved and how the project fits with the work of the IOM office in Ireland at: <http://iomireland.ie/what-do-we-do/protect/>

## 1.1: About this Document

Developed as part of the PROTECT project, these guidelines respond to the need to address Sexual Gender-Based Violence (SGBV) among International Protection Accommodation Centre residents, and aims to support the Managers and Personnel of the centres in doing so.<sup>1</sup> They reflect recognition of SGBV among migrant communities at European level<sup>2</sup> and are in keeping with the recommendations made in the Istanbul Convention on preventing and combating violence against women and domestic violence. This document has been developed in consultation with women living in International Protection Accommodation Centres in Ireland and input has also been sought from Irish statutory and voluntary organizations working with SGBV and/or migrant

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<sup>1</sup> The Accommodation Centres, while primarily housing those seeking international protection, are also home to many who have received international protection, as well as victims of trafficking.

<sup>2</sup> See:

[https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=en&reference=2015/2325\(INI\)](https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=en&reference=2015/2325(INI))

communities, through a process of stakeholder meetings, research and consultation. The three consultations held with women utilised a focus group format that enabled collection of individual and group feelings, perceptions and opinions over a two to three-hour period, with a facilitator assisting discussion. The consultations were limited to women who were living in six Accommodation Centres.

We view these practice-based guidelines as a companion to the policy documents already available for centre staff<sup>3</sup>, and as a follow-up resource to the capacity building trainings delivered to centre personnel under the PROTECT project. However, while the focus of this document is responding to SGBV as it may affect the various communities living in the Accommodation Centres, many of the principles and practices outlined could also be applied in a broader context of migration.

## 1.2: Migration and Gender

IOM recognises gender as an organising principle, and a social/cultural norm which influences the threats and risks that women and girls, men and boys and members of the LGBTI<sup>4</sup>, community (lesbian, gay, bisexual, transgender and/or intersex) experience. Gender influences individuals' coping and protective mechanisms, as well as access to means of healing and recovery, before, during and after migration. The risks that people face during migration are also gendered, and the perceived roles of women and girls, men and boys, and LGBTI individuals significantly affect all aspects of the migration process and can also be affected by migration. It is crucial therefore, to understand how gender interacts with migration and to respond accordingly. Adopting a gender lens when working in the context of migration is crucial to ensuring both that the specific needs of beneficiaries are appropriately addressed, and that gender inequalities are not unwittingly perpetuated by development/humanitarian programming. One of the many gendered risks facing individuals in the migration process is experiencing sexual and gender-based violence (SGBV). Recognising, anticipating and responding to SGBV is a key area of IOM's work and we have developed a broad range of country-specific programmes designed to tackle SGBV and advocate for gender equality. Find out more at: <https://www.iom.int/gender-and-migration>

## 1.3: Migration and Sexual and Gender-based Violence (SGBV)

### *Forms and Types of SGBV*

SGBV is a life-threatening health and human rights issue that can have a tremendously negative impact on women and children, men, people who identify as LGBTI, families and communities. SGBV, even in times of stability, is underreported; it is estimated that 1 in 3 girls/women around the world will experience physical and/or sexual

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<sup>3</sup> RIA Policy and Practice Document on safeguarding RIA residents against Domestic, Sexual and Gender-based Violence & Harassment April 2014

<sup>4</sup> LGBTI is sometimes used as shorthand for persons of diverse sex, sexual orientation and gender identity (SSOGI). Because of perceived sexual orientation and/or gender identity, LGBTI persons might face diverse discriminations and violations of human rights in their country of origin or, as migrants, in countries of transit or destination. Sexual orientation and gender identity are also recognized as grounds for persecution (i.e. under membership of a particular social group) for the purpose of granting refugee status – see Glossary for further details. We use LGBTI as an umbrella term in this document; it does not pretend to exclude other orientations, sex characteristics or gender identities that may exist.

violence in their lifetimes, and many will experience multiple other forms of SGBV. IOM recognizes six broad types of SGBV: Rape, Sexual Assault, Physical Assault, Forced Marriage, Denial of Resources and Opportunities and Services, and Psychological/Emotional Abuse (see Table 1.4 Types of SGBV for more details)<sup>5</sup>. All these types of SGBV play out differently in different contexts and often combine. SGBV disproportionately affects women/girls, but men and people who identify as LGBTI are equally at risk. For women and girls additional harms can include femicide<sup>6</sup>, as a form of gender-based persecution and punishment (Victims' Rights Directive, Recitals 17 and 57).<sup>7</sup> Women and girls may also be subject to harmful traditional practices such as FGM and forced marriage and some women, girls, men and boys may be the victims of trafficking for the purposes of sexual exploitation. SGBV is also a conflict-related issue and victims may have been raped as part of a strategy of war or genocide.

### *Root Causes – Gender Inequality and Norms*

SGBV is a gender issue and a gendered crime, which cannot be understood in isolation from the norms, social structures and gender roles within cultures and communities. Gendered norms create specific vulnerabilities and underpin the risk of violence against women, children and subordinated men.

### *Consequences of SGBV*

Research with survivors of SGBV highlights a broad range of traumatic outcomes. Survivors can suffer sexual and reproductive dysfunctions, severe and complex post-traumatic stress disorder (CPTSD), suicidal ideation and attempts, clinical depression, psychosis, loss of confidence and a reduction in professional and educational attainment. Survivors also report persistent feelings of shame and disgust, loss of sleep and psychological disassociation (WHO, 2002), and research further indicates symptoms identical to those exhibited by victims of torture and war.<sup>8</sup> Adding to the harms caused by SGBV, survivors report being subjected to social, community and family stigma and many experience cultural reactions, stemming from traditional gender norms and stereotypes based on notions of female chastity, purity and feminine/masculine gender roles, or perceptions of these roles. Survivors can also face social exclusion and isolation, re-victimisation<sup>9</sup> and are at increased risk of further physical and sexual violence because of the SGBV they have suffered.

### *SGBV in the Context of Migration*

In the context of migration, evidence indicates that vulnerable migrants, asylum seekers and refugees fleeing to Europe may become vulnerable to SGBV as a result of the interplay between a range of contextual factors including the securitization of Europe's borders, with many forced to use the services of smugglers to get beyond closed borders. While these vulnerable populations seek to escape violence, including SGBV, in their countries of origin, there is evidence that they, and particularly women and children, continue to be vulnerable to SGBV across the migratory journey. Such threats can come from multiple directions: police and security services; smugglers, other refugees/asylum seekers/migrants and even family members and partners. This means

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<sup>5</sup> GBViC Framework

<sup>6</sup> Femicide or feminicide is a sex-based hate crime term, broadly defined as "the intentional killing of females (women or girls) because they are females", though definitions vary depending on its cultural context.

<sup>7</sup> Victims Directive available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32012L0029>

<sup>8</sup> Valera, E. M., & Berenbaum, H. (2003). Brain injury in battered women. *Journal of Consulting and Clinical Psychology*, 71(4), 797-804.

<sup>9</sup> Victims can suffer re-victimization through family, friends, police, societal attitudes, health care workers, the media, and the criminal justice system. Family members, friends, and others can display a wide range of emotions and reactions after the victimization of a loved one. See: <https://eige.europa.eu/thesaurus/terms/1354>.

that it is possible for migrants, refugees and asylum seekers to arrive in Ireland having experienced multiple forms of SGBV in their country of origin, along the migration route and/or on arrival in destination countries. SGBV is often a factor in the decision to migrate and/or seek international protection, and most often it is a hidden violation; we know that people do not disclose their experiences, we are also aware that at this time there is no common recording mechanism.

### *Barriers which may prevent migrant women from disclosing SGBV*

IOM recognises that if we are to support women and girls, men and boys and people who identify as LGBTI affected by SGBV, encouraging them to disclose violence and supporting them when they do, we must develop country-specific collaborative work with a range of statutory and third sector partners. It is also necessary work in tandem with European level processes/projects developing good practice and processes that are capable of responding to the devastating impact of SGBV on individuals, families and migrant communities. Women who were consulted in the Accommodation Centers in Ireland in the context of the PROTECT project identified a number of additional barriers facing migrant women, who disclose SGBV and try to access support services. These included:

- Fear of increased SGBV
- Fear of speaking out about violence, stigma and isolation
- Cultural and social acceptance of violence as a means to control women, (children and LGBTI individuals) and subject them to SGBV
- Lack of support services or legislation in country of origin
- Fear of being judged
- Lack of awareness of laws and policies in host country
- Lack of information about the support that is available
- Lack of awareness of what constitutes abuse
- Victim blaming
- Lack of awareness in staff teams about SGBV

## 2.0: Legal and Policy Frameworks for engaging with Migrants, Refugees and Asylum-Seekers affected by SGBV.

Ireland has a comprehensive and helpful range of strategies and policy documents designed to inform good practice, these include both national and organisational documents, such as the; *Migrant Integration Strategy - A Blueprint for the Future*; *Guidance on Approaches to Promoting and Developing an Understanding of Domestic, Sexual and Gender-based Violence 2015 (COSC)*; *the National Strategy for Women and Girls 2017-2020*; *Department of Justice and Equality Victims of Domestic Violence Immigration Guidelines (INIS) RIA Policy and Practice Document on safeguarding RIA residents against Domestic, Sexual and Gender-based Violence and Harassment 2014*; *HSE Policy on Domestic, Sexual and Gender-based Violence 2010*. Alongside these general guidelines Children First places legal obligations on Centre Manager's to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. These "mandated persons" must assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report. Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. People employed in the following capacity are mandated persons under

the Child Care Act: <https://www.tusla.ie/children-first/mandated-persons>. For more information about safeguarding children involved in SGBV cases please see <https://www.gov.ie/en/policy-information/d1b594-children-first/>.

IOM encourages managers and staff working with migrant communities to familiarise themselves with these documents, and with their own organisation's policies and strategies relating to vulnerable adults and children. There is a public sector duty for all Centres to support SGBV survivors and we would highlight partnership, multi-disciplinary approaches and clear referral pathways as good practice for all Managers. It is important to be aware of how the work of your own organisation fits with current strategies and policy positions relating to survivors of SGBV from migrant communities. If your organisation does not have policies in place yet, then it would be useful to refer to HSE and TUSLA guidelines and ask for support. The Guidelines represent a community, human rights-based approach to addressing SGBV and will support the implementation of the Istanbul Convention which was ratified by the Irish Government on March 8<sup>th</sup>, 2019.

As the first legally-binding instrument to create a comprehensive legal framework and approach to combatting violence against women, the Convention focuses on prevention, protecting victims and prosecuting offenders, characterising violence against women as a violation of human rights and a form of discrimination (Art.3 (a)). The Convention defines gender as "the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for women and men"(Art 3(c)) and establishes a series of offences categorised as violence against women.

States, like Ireland that have ratified the Convention must criminalize several offences, including: psychological violence (Art.33); stalking (Art.34); physical violence (Art.35); sexual violence, including rape, explicitly covering all engagement in non-consensual acts of a sexual nature with a person (Art.36), forced marriage (Art.37); female genital mutilation (Art.38), forced abortion and forced sterilisation (Art.39).<sup>10</sup> Alongside this the Convention states that sexual harassment must be subject to "criminal or other legal sanction" (Art. 40) and it includes an article targeting so-called "honour" killing (Art. 42).<sup>11</sup> The Convention contextualises violence against women in relation to gender inequality and gendered power relations and contains 72 actions, obliging signatory states to: Protect women against all forms of violence, and prevent, prosecute and eliminate violence against women and domestic violence: Contribute to the elimination of all forms of discrimination against women and promote substantive equality between women and men, including by empowering women: Design a comprehensive framework, policies and measures for the protection of and assistance to all victims of violence against women and domestic violence. In Ireland, international provisions are outlined in the aforementioned Second National Strategy on Domestic, Sexual and Gender-based Violence, and recent legislation including the Domestic Violence Act 2018, the Victims of Crime Act 2017; the Criminal Law (Extraterritorial Jurisdiction) Act 2019 will ensure that international legislation, particularly the Istanbul Convention will be translated into domestic law.

The suggestions made by migrant women as part of the consultation process, echo the Committee Against Torture's (UNCAT's) concluding Observations on Ireland 2017, which highlight the need to: "Provide mandatory training on gender-based and domestic violence for police and other law enforcement officials, social workers, lawyers, prosecutors, judges and other public officials dealing with victims of gender-based, including domestic and sexual violence."<sup>12</sup>

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<sup>10</sup> These includes acts committed against migrant populations by states

<sup>11</sup> For more information see:

[http://www.europarl.europa.eu/RegData/etudes/ATAG/2017/608814/EPRS\\_ATA\(2017\)608814\\_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/ATAG/2017/608814/EPRS_ATA(2017)608814_EN.pdf)

<sup>12</sup> Available at: <https://tbinternet.ohchr.org/layouts/15/treatybodyexternal/Download.aspx?CAT/C/IRL/CO/2&Lang=En>

Alongside the UNCAT committee's observations, CEDAW's Concluding Observations on Ireland 2017 contain a range of training and care recommendations relating to trafficking and other forms of SGBV among migrant women living in accommodation centres. The Commission highlights the Irish Human Rights and Equality Commission (2014) Policy Statement on the System of Direct Provision in Ireland, which notes that "victims of trafficking should be accommodated in appropriate, single-gender facilities with access to a range of necessary support services, in keeping with the State's obligations of prevention and obligations to provide support services to victims."<sup>13</sup>

### 3.0: SGBV, Ethnicity and Migration.

Sexual and gender-based violence is a major issue among the migrant population and SGBV is one of the reasons why refugees and migrants leave their country of origin. It is also a phenomenon they experience along the migration route and whilst there is a lack of clear data, research indicates that migrant women are particularly vulnerable to SGBV. There are several factors that contribute to making migrants more susceptible to experiencing SGBV, including:

- Increased levels of social isolation
- Twofold discrimination of gender and ethnic origin, migrant status
- Displacement, breakdown of community support and protection mechanisms
- Vulnerability to exploitation,
- Some minority ethnic women come from cultures where harmful traditional practices are carried out, such as FGM and forced marriage.
- For those fleeing countries of origin affected by conflict there may be a risk of conflict-based rape
- Perilous routes and high costs associated with migration may lead individuals to choose informal migration channels (increasing vulnerability to SGBV during the migration journey as well as the possibility of experiencing trafficking for the purposes of sexual exploitation)

Problematically in migrant populations, as elsewhere, the majority of SGBV cases remain unreported and unaddressed and in the course of our work we have identified several factors that contribute to the barriers that migrant women and girls, as well as men and boys and people who identify LGBTI, face when they try to access support services or disclose SGBV. These are:

- Lack of information on how to report such crime
- Lack of effective procedures to identify cases
- Language and Cultural Barriers
- Insufficient capacity of staff in charge of recognising such violence and/or to provide support and appropriate referral

All four factors impact negatively on the ability to report and/or disclose violence, and all three were cited in our consultations with women. In terms of responding effectively to these issues, the women We consulted

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<sup>13</sup> Irish Human Rights and Equality Commission (2014) Policy Statement on the System of Direct Provision in Ireland, Dublin: Irish Human Rights and Equality Commission, recommendation No.5, available at: [http://www.ihrec.ie/download/pdf/ihrec\\_policy\\_statement\\_on\\_direct\\_provision\\_10dec14.pdf](http://www.ihrec.ie/download/pdf/ihrec_policy_statement_on_direct_provision_10dec14.pdf); UN CEDAW Committee 'Concluding Observations' on Ireland (2017), available at: <https://binternet.ohchr.org/layouts/15/treatybodyexternal/CEDAW/C/IRL/CO/6-7>

highlighted the need to provide accurate and accessible information in all centres and other services supporting women; they also recommended the need to:

- Ensure there is information about how disclosure may impact on the international protection process
- Ensure informed consent is sought on a course of action
- Address language barriers through interpreters (Garda Checked Registered, information in different languages)
- Address cultural differences
- Address religious issues
- Active listening, respect and empathy should be at the core of all services
- All services and responses must be confidential
- Be clearer on processes from when a report is prepared as well as their protection and how the response is survivor-centred and non-discriminatory and also caters for accessing support when children are involved

The need for SGBV training for Accommodation Centre personnel and other staff in contact with migrant women in social services was also highlighted. Information, education and opportunities to engage in discussions about SGBV were all seen as vital in order to address barriers to disclosure. This includes displaying information on SGBV within the Accommodation Centres and hosting relevant agencies to give regular talks and information sessions on SGBV within the centres or facilitating the residents to attend external talks.

### 3.1: Supporting Survivors of SGBV living in Accommodation Centres in Ireland

To better support survivors, identify those at risk, and prevent SGBV from taking place, it is key to highlight the:

- *Need for Centre Personnel to continue to be trained and sufficiently resourced to be vigilant for signs of SGBV.*
- *Need for vulnerability assessments to be conducted with asylum seekers as advised under the Regulations/Directive since June 2018. Ireland has been legally required to conduct these assessments since transposing the Reception Conditions Directive<sup>14</sup> into Irish law and developing the National Standards relating to SGBV in accommodation centres, which will become binding in 2021.<sup>15</sup> The assessment identifies the special reception needs of vulnerable asylum seekers.*
- *Need to offer women-only venues where possible, to provide survivors with an environment that they would trust and which would encourage disclosure, thereby facilitating them to access available support services*
- *Need for confidential interpreter (Regulated/registered service where interpreters are Gardaí checked) services to be available to survivors during disclosures, support sessions, medical examinations etc.*
- *Need for recognition of the issue of isolation facing migrant women in Accommodation Centres*
- *The need to ensure that a survivor-centred approach is applied at all times, which empowers the survivor to decide to make their own life decisions through effective information provision on available and accessible services.*

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<sup>14</sup> RIA Policy and Practice Document on safeguarding RIA residents against Domestic, Sexual and Gender-based Violence & Harassment April 2014

<sup>15</sup> Standards available at:

[http://http://www.justice.ie/en/JELR/Final\\_Standards.docx/Files/Final\\_Standards.docx](http://http://www.justice.ie/en/JELR/Final_Standards.docx/Files/Final_Standards.docx)

It is also important to be conscious of how organisational cultures and negative staff attitudes can act as barriers to disclosure. Staff-related issues that may hinder a survivor-led approach include: <sup>16</sup>

- Personal beliefs, experiences and cultural background
- A lack of awareness, understanding and training
- Fear of asking a wrong or inappropriate question and in doing so insulting the survivor.
- Disbelief
- An inclination to operate from a medical model and treating the symptoms and not the problem
- Poor recognition of the physical, psychological and social costs of domestic, sexual and gender-based violence
- Placing blame on the survivor and being annoyed by the behaviour – ‘why don’t they just leave?’
- Staff members may be groomed by the abuser
- May find the disclosure painful and feel helpless, anxious, and fearful of what might need to happen next and so engages in avoidance behaviour
- Perceived or real lack of time.
- Lack of confidence in being capable to handle the situation properly.
- The lack of faith in questioning and a reluctance to openly address the issue.
- Personal experience: they may be in an abusive relationship themselves.

At an organisational level, inhibitors can include:

- Poor recognition and acknowledgement of the problem of domestic abuse and its effects.
- Lack of information, training, and awareness programmes for staff.
- Support and reliance on the medical model.
- A lack of resource tools for identification and screening
- Absence of good policy, procedure and best practice guidelines.<sup>17</sup>

As a means of counteracting such issues, IOM Ireland recommends that all work with survivors is based on the three basic principles (SIT), which are:

- Survivor-centred
- Intercultural Approach
- Trauma-informed

### 3.2: Survivor-Centred

A survivor-centred approach applies a human rights framework to service design and delivery and means first and foremost that all those who are engaged in SGBV policy making and programming must prioritise the rights, needs, and wishes of the victim/survivor of SGBV. This approach, in keeping with the Istanbul Convention, applies to both specialist and general services. All survivors have the right to:

- *Be treated with dignity and respect instead of being exposed to victim-blaming attitudes.*
- *Choose their course of action in dealing with the violence instead of feeling powerless;*
- *Privacy and confidentiality;*

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<sup>16</sup> Available at: [https://www.tusla.ie/uploads/content/Domestic\\_Practice\\_Guide\\_on\\_DSG\\_bassed\\_violence.pdf](https://www.tusla.ie/uploads/content/Domestic_Practice_Guide_on_DSG_bassed_violence.pdf)

<sup>17</sup> HSE Practice Guide on Domestic, Sexual and Gender Based Violence, page 11.

- *Non-discrimination instead of discrimination based on gender, age, race/ ethnicity, ability, sexual orientation, HIV status or any other characteristic;*
- *Receive comprehensive information to help them make their own decision instead of being told what to do;*
- *information sharing on what is available. Share what you know, and most importantly explain what you do not. Let the survivor decide if they want to access services. In regard to what information you share, this will be different depending on what role you occupy, for example, general staff will have access to some information, whilst more senior or specialist staff will be able to offer more detailed information.*

### 3.3: Intercultural(ism)

As a tool for working with survivors of SGBV interculturalism is about understanding our own individual cross-cultural characteristics i.e., communication style/status – relationship perception/, task-relationship mindset, etc., developing our awareness and managing ourselves and our ability to reflect on different cultural dimensions, and how they influence our own behaviours and that of others. In an SGBV context an intercultural approach seeks to create an understanding of how norms/values/perceptions influence gender roles in specific cultural settings (regardless of regions/territories/countries). Working with survivors from different cultures necessitates an intercultural approach because SGBV and the person's or organisation's response to it can be rooted in individual and institutional "values" or beliefs. Understanding this and trying to learn about other cultures and adopt intercultural communication processes can help us to address SGBV if we use this approach to understand how such "cultural" values are created. Effectively an intercultural approach recognises that we are all "culturally made" and have adopted norms, beliefs and values that predispose us to thinking and acting in particular ways. Recognising this and developing intercultural communication can help us to recognise our own bias and that of the different stakeholders involved in the process of SGBV protection and can help shape the way we support survivors and work with perpetrators. Intercultural communication is about being aware of our own mindset, and trying to understand the mindset of other, it requires us to work across cultures, moving beyond an outmoded 'tick box' classification system towards a broader more flexible cultural way of working that could challenge some of our own ideas and values. There are a number of strategies that can be used to better understand and improve intercultural communications. And, while it depends on the situation and the person, the basic components include. Do your homework. –

- Research cultural norms and standards, and communication methods
  - Ask. -Show that you want to learn more about a new culture and the prevailing communication norms instead of rushing through unaware.
  - Accept that you'll commit errors. -Don't take it personally, rather do your best to be self-aware, actively learn from your mistakes
  - Practice actively listening and observing.
  - Repeat or confirm what you think was being said.
  - Avoid yes or no questions.
  - Pay attention to nonverbal communication.
  - Speak slowly and clearly.
- Remember empathy, understanding, and self-awareness will help improve professional and personal interactions

### 3.4: Trauma-Informed

The term trauma-informed recognizes that SGBV is a life threatening and overwhelming experience, involving trauma which renders the individual helpless and powerless. The term ‘complex trauma’ is used to describe the experience of multiple and/or chronic and prolonged traumatic events. Among those who have been subjected to SGBV, research indicates that the trauma experienced can result in physical, psychological, and social consequences either in the long or short term (Tavara, 2006)<sup>18</sup> and can have short and long term impacts on survivors’ ability to integrate. Psychological problems resulting from trauma can include anxiety, depression, and sleep difficulties, which could develop into long-term psychological problems such as Post-traumatic Stress Disorder (PTSD) or self-harm. Trauma can be broken down into various categories:

- *Acute trauma refers to a one-time event, such as an earthquake, fire, assault, or car accident.*
- *Chronic trauma refers to traumatic experiences that are repeated and prolonged, such as ongoing exposure to family or community violence, chronic bullying, or a long-term medical issue.*
- *Complex trauma refers to exposure to multiple traumatic events from an early age, often within the caregiving system or without adequate adult support, which has short and long-term effects in many areas. Examples include abuse and neglect within families, witnessing domestic violence, or experiencing other forms of violence or adversity without adequate adult support.*
- *Historical trauma refers to the collective and cumulative trauma experienced by a group across generations that are still suffering the effects. This includes discrimination, violence, and oppression of particular groups. Racial or race-based trauma refers to experiences of racially driven discrimination, harassment, and systemic oppression.*

What is clear is the trauma can have a huge impact on the individual survivors and it is important to recognize this in all aspects of the work we do. A strengths-based approach is useful, and questions should be framed with empathy, and non-judgmental support. Trauma-informed services do not need to be focused on treating symptoms or syndromes related to trauma. Rather, regardless of their primary mission the commitment is to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma.<sup>19</sup> The basic principles of Trauma-Informed services are relatively simple to incorporate into service provision and many services will already be working in this way with residents, principles include<sup>20</sup>:



<sup>18</sup> Tavara, L. (2006) Sexual violence. Best Practices Research in Clinical Obstetrics & Gynaecology 20, no. 3: 395–408. doi: 10.1016/j.bpobgyn.2006.01.011.

<sup>19</sup> Harris & Fallot, (2001). Using Trauma Theory to Design Service Systems: New Directions for Mental Health Services 2001 available at: <https://www.researchgate.net/publication/232450640>

<sup>20</sup> Chart by the Institute of Trauma and Trauma-Informed Care 2015, available at:

<http://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html>



A trauma informed approach was advocated by the migrant women taking part in IOM consultations as part of this project, and in all cases, this approach was considered to be relevant to disclosure and support processes. Women advocated for the need for empowerment, respect and confidentiality in particular and made a range of suggestions to ensure trauma informed support, including:

- Let other women support women, help them get to the shelter/refuge etc.,
- Highlight the fact the SGBV is a human rights issue, [so] that things can change
- Privacy and confidentiality in all aspects of the disclosure process
- Provide information and talk about rights
- Provide information on SGBV in Accommodation Centres
- Offer diversionary activities as a means of support
- Provide talks and information from a range of external organisations, including Health Service etc.
- Enable women to set up support groups and be involved in supporting each other

#### 4.0: Potential Indicators of SGBV

The following indicators that a person is experiencing SGBV were developed for health care professionals such as GPs; they may be useful in helping you identify residents who may be survivors of SGBV. This is a non-exhaustive list of indicators and should not necessarily be taken as evidence of SGBV taking place. Survivors may present with a broad range of issues and may hide the impact of SGBV very well. It should be noted that perpetrators dominate and coerce survivors using strategies such as isolation, degradation, victim-blaming, imposing secrecy, creating a climate of fear and insecurity. The indicators listed are often consequences of the strategies used by perpetrators.

It is important to note that professionals should not try to force a survivor to disclose SGBV; as per the survivor-centred approach, the survivor must decide for themselves whether to come forward and seek

assistance. If so, the crucial part of the response is to provide up-to-date information on available and accessible services, as well as outlining the benefits and any potential risks of seeking services.

- Injuries which seem inconsistent with explanations (such as falls or walking into doors, etc.);
- Injuries to the face, head and neck, chest, breast and abdomen;
- Evidence of multiple injuries (e.g. burns, bruises, red marks on the skin) at different stages of healing;
- Evidence that the person in question is trying to minimize the extent of injuries, or try to keep them concealed by clothing; The person appears frightened, excessively anxious and/or depressed or distressed;
- History of psychiatric illness and/or alcohol/drug dependency;
- The person is always accompanied by a partner or other family member. In this case, further indicators may include: Fear of the partner and/or the partner appearing aggressive and overly dominant and reluctant to allow the person to speak for themselves.<sup>21</sup>
- Loss of self-esteem, loss of confidence, shame and guilt, fear of not being believed. Fear of reprisals, against themselves and/or relatives; Isolation, lack of knowledge about one’s rights.

It is also important to note that a survivor may not always appear or behave in ways which coincide with societal expectations. Survivors may:

- Give confusing statements and/or accounts;
- Make omissions;
- Present an account of the events that is always identical;
- Display contradictory non-verbal behavior such as not caring about their appearance while saying that everything is fine/ dressing up and smiling while explaining the violence;
- Minimize what happened;
- Blame themselves/be convinced that the violence is their own fault;
- Not be interested in pressing charges.

### 5.0: Direct work with Survivors - Basic Principles of the Survivor-Centred Approach <sup>22</sup>

<b>Human rights-based approach</b>	SGBV is a human rights issue which could affect any human being; however, the majority of survivors are women and girls.
<b>Safety and Security</b>	The primary objective must be securing the safety of people experiencing SGBV and ensuring service providers are not put in a potentially violent situation.
<b>Privacy and confidentiality</b>	Consultation and interaction with SGBV survivors should be respectful of privacy and confidentiality, and cognisant of the real dangers if these are breached
<b>Accountability</b>	An act of violence committed against any person is an offence punishable by law and must be treated as such. Perpetrators must be held accountable for their actions <sup>23</sup>

<sup>21</sup> Gender-based Violence A RESOURCE DOCUMENT for services and organisations working with and for minority ethnic women: Women’s Health Council available at: [https://health.gov.ie/wp-content/uploads/2014/03/MEWResource\\_Document.pdf](https://health.gov.ie/wp-content/uploads/2014/03/MEWResource_Document.pdf)

<sup>22</sup> Kearns N, Coen L. & Canavan J. (2008) Domestic Violence in Ireland: an overview of national strategic policy and relevant international literature on prevention and intervention initiatives in service provision. NUI, Galway

<sup>23</sup> See Annex 3 on relevant Irish legislation.

<b>Multi-Disciplinary Approach</b>	Partnership and collaborative working involving a broad range of agencies and disciplines are required to adequately address the complexity of the problem
<b>Respect and non-discrimination</b>	A supportive and understanding ethos should underpin all service responses, thereby building a culture of empathy and trust amongst domestic violence survivors and those providing interventions
<b>Diversity</b>	Service responses should be mindful of the culturally diverse nature of the population

### Good Practices when applying the Survivor-Centred Approach

<b>Empowerment</b>	Support services should help survivors of SGBV to determine their own needs by involving them in decision-making and choices affecting them, and supporting them to move from crisis to safety, independence and self-help.
<b>Staffing</b>	Those responding to SGBV must have appropriate initial sensitisation training and on-going training. Public awareness of the issue is another important consideration.

### 5.1: Direct work with Survivors - General recommendations for Personnel

Culturally competent in SGBV and understand it in relation to gender inequality and gendered norms within migrant, refugee and asylum seeker communities	Able to recognise and respond to SGBV to ensure that all survivors experience increased safety and support as a result of intervention.	Aware of the need to reduce the risk of repeat crime.
Sensitive and able to take account of the barriers survivors face when seeking help	Understand roles in risk identification, assessment and management.	Use own organisation's policies and processes to inform protective responses for adults and children.
Challenge myths and unwritten rules when you hear them.	Able to keep themselves safe Particularly when dealing with early warning signs.	Know the referral pathways across external statutory and voluntary services.

## 5.2: Direct work with Survivors – Barriers to SGBV Disclosure

Disclosing SGBV or seeking help is not always safe for a survivor and could lead to more harm. Remember that your role is to provide accurate, up-to-date information on available services and let the survivor make their own choices on what feels safe for them. Survivors will need time and encouragement through awareness raising and clear policies/processes designed to develop zero tolerance to SGBV. Even with support, survivors of SGBV may choose not to disclose SGBV or seek help; the reasons for this are complex and multi-faceted, many of which were discussed during IOM consultations for this project. Reasons why survivors do not disclose or seek help/prosecution can include:

- Persistent hope that the abuse will stop;
- Belief that the abuse is the victim's own problem;
- Belief that they are provoking the abusive behaviour;
- Stigma and shame;
- Belief that nothing can be done about it;
- Belief that your organisation won't be able to help;
- Constant presence of perpetrator;
- Fear of consequences of disclosure, such as escalation of the violence, disruption of the family, children being placed into care;
- Economic/consequences of separation;
- Fear that they will lose their immigration status if they leave the relationship;
- Lack of awareness of their rights and entitlements in Ireland;
- Fear of jeopardising a claim for international protection;
- Social isolation compounding their emotional dependence on the perpetrator;
- Fear of ostracization from their community;
- Lack of awareness of cultural differences and how these impact on abused/abuser;
- Lack of trust – the person to whom a disclosure is made must understand a survivor's story;
- Fear or belief that there is no one to talk to about abuse.
- Lack of staff training and awareness
- Lack of empathy from family, friends, staff and/or service providers

## 5.3: Direct work with Survivors –Encouraging SGBV Disclosure

For migrants, it is important to outline legislation in Ireland and ensure that there is a range of information available about what constitutes SGBV, how it can be recognised, and what the impact on survivors and their children may be. Information outlining rights, roles, responsibilities and local support services would also be beneficial. Information should be available with the aim of increasing awareness and enabling migrants to recognise SGBV. Following our consultations with women and discussions with staff, we would recommend that information about SGBV is available in a relevant languages; that posters are culturally sensitive and are not going to offend migrant groups; that information leaflets are available in public areas, but also in women/men/LGBTI rooms/groups if these are operating in Centres.

In Ireland well established access points for survivors seeking help are the health service, domestic violence and rape crisis service providers, self-referral, Gardaí, and General Practitioners; all these access points must be safe, private, confidential, and accessible.<sup>24</sup>

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<sup>24</sup> See Annex 2 – Mapping of National and Local Services in Ireland

Minority ethnic women can be particularly vulnerable to barriers in taking legal action and doing so and/or leaving a violent relationship may not be a viable option. Service providers should facilitate survivors to explore appropriate options, using Garda-vetted interpreters as necessary.

#### 5.4: Direct work with Survivors - SGBV Disclosure Dos and Don'ts

DO allow the survivor to approach you. Listen to their needs.	DO NOT ignore someone who approaches you and shares that they have experienced something bad/uncomfortable/wrong and/or violence.
DO ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.	DO NOT force help on people by being intrusive or pushy.
DO ask the survivor if they feel comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.	DO NOT overreact - stay calm.
DO provide practical support like offering water, a private place to sit, a tissue etc.	DO NOT pressure the survivor into sharing more information beyond what they feel comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.
DO, to the best of your ability, ask the survivor to choose someone they feel comfortable with to translate for and/or support them if needed.	DO NOT ask if someone has experienced GBV, has been raped, has been hit etc.
DO treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor.	DO NOT take photos of the survivor, record the conversation on your phone or other device, or inform others including the media. Do not write detailed notes, only information to make a referral is needed.
DO manage any expectations on the limits of your confidentiality, if applicable in the context.	DO NOT ask questions about what happened. Instead, listen and ask what you can do to support.
DO manage expectations on your role.	DO NOT make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.
DO listen more than you speak.	DO NOT doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.

DO say some statements of comfort and support; reinforce that what happened to them was not their fault.	DO NOT exaggerate your skills, make false promises or provide false information
DO respect the rights of the survivor to make their own decisions	DO NOT offer your own advice or opinion on the best course of action or what to do next.
DO share information on all services that may be available, even if not SGBV specialised services.	DO NOT assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm.
DO tell the survivor that they do not have to make any decisions now, they can change their mind and access these services in the future	DO NOT make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sex, sexual orientation, gender identity, identity of the perpetrator(s) etc.
DO ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to go to for support.	DO NOT try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc.)
DO offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone they trust.	DO NOT share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor's family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor.
DO ask for permission from the survivor before taking any action.	DO NOT ask about or contact the survivor after you end the conversation unless you have asked permission to do so and checked that it is safe to do so.
DO end the conversation supportively.	

## ANNEXE 1: GLOSSARY of Terms (from the IOM International Migration Law Glossary 2019)

### Asylum Seeker:

An individual who is seeking international protection. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker.

### Gender

The socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to males and females on a differential basis. Gender is relational and refers not simply to women or men, but to the relationship between them.

LGBTI: An acronym for lesbian, gay, bisexual, transgender and intersex persons.<sup>25</sup>

### Migrant (in a regular situation)

A person who moves or has moved across an international border and is authorized to enter or to stay in a State pursuant to the law of that State and to international agreements to which that State is a party.

### Migrant (in vulnerable situation)

Migrants who are unable to effectively enjoy their human rights, are at increased risk of violations and abuse and who, accordingly, are entitled to call on a duty bearer's heightened duty of care.

### Migration

The movement of persons away from their place of usual residence, either across an international border or within a State.

### Migration cycle

Stages of the migration process encompassing departure from, in some cases transit through one or more States, immigration in the State of destination and return.

### Gender-based violence:<sup>26</sup>

An umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering,

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<sup>25</sup> LGBTI is sometimes used as shorthand for persons of diverse sex, sexual orientation and gender identity (SSOGI). Because of perceived sexual orientation and/or gender identity, LGBTI persons might face diverse discriminations and violations of human rights in their country of origin or, as migrants, in countries of transit or destination. Sexual orientation and gender identity are also recognized as grounds for persecution (i.e. under membership of a particular social group) for the purpose of granting refugee status (see e.g. United Nations High Commissioner for Refugees, Guidelines on International Protection No. 9: Claims to Refugee Status Based

threats of such acts, coercion, and denial of resources, opportunities or services, forced marriage and other deprivations of liberty. These acts can occur in public or in private.

#### Refugee (1951 Convention)

A person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

#### Sexual violence

Sexual violence is a form of gender-based violence and encompasses any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. Sexual violence takes multiple forms and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, trafficking, sexual enslavement, forced circumcision, castration and forced nudity.

#### Sexual and Gender Based Violence

Sexual and gender-based violence (SGBV) may be physical or psychological and it can take the form of domestic violence, sexual harassment, social exclusion or even exploitation and trafficking in human beings. Women and men, boys and girls and lesbian, gay, bisexual, transgender and intersex people (LGBTI) can all become victims of sexual and gender-based violence. However, according to the EU Fundamental Rights Agency the majority of the victims are women and girls.

#### Survivor of gender-based violence

A survivor is a person who has experienced gender-based violence.

#### Victim of gender-based violence<sup>27</sup>

A person who has experienced gender-based violence.

#### Violence against women

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in

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on Sexual Orientation and/or Gender Identity within the Context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees (23 October 2012) UN Doc. HCR/GIP/12/09)

<sup>26</sup> Gender-based violence is often used in the same context as violence against women and girls, however it should be noted that gender-based violence can affect anybody.

<sup>27</sup> The terms “victim” and “survivor” can be used interchangeably. “Victim” is a term often used in the legal and medical sectors. “Survivor” is the term generally preferred in the psychological and social support sectors because it implies resiliency (UNFPA, Managing Gender-based Violence Programmes in Emergencies, E-learning Companion Guide (2012) p. 8).

public or private life. Source: Declaration on the Elimination of Violence against Women (UNGA Res. 48/104, 20 December 1993) UN Doc. A/RES/48/104, Art. 1.

For further information see IOM's Glossary on Migration (2019)

At: <https://publications.iom.int/system/files/pdf/iml/34/glossary.pdf>.

### List of Acronyms used:

CEDAW:	Convention on the Elimination of all Forms of Discrimination against Women
CP:	Child protection
CRC:	Convention on the Rights of the Child
FGM:	Female genital mutilation
GBV:	Gender-based violence
HIV/AIDS:	Human immunodeficiency virus and/or acquired immune deficiency syndrome
IOM:	International Organization for Migration
IRC:	International Rescue Committee
LGBTI:	Lesbian, gay, bisexual, transgender and intersex
NGO:	Non-Governmental Organization
SEA:	Sexual Exploitation and Abuse
SGBV:	Sexual and gender-based violence
SOP:	Standard operating procedure
UASC:	Unaccompanied and separated children
UN:	United Nations
UNFPA:	United Nation Fund for Population
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations International Children's Emergency Fund

## Annexe 2 : Forms of SGBV



<p><b>Domestic abuse and Intimate Partner Violence</b></p>	<p>While these terms are sometimes used interchangeably, there are important distinctions between them. ‘Domestic abuse’ is a term used to describe violence that takes place within the home or family between intimate partners as well as between other family members. ‘Intimate partner violence’ applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined by WHO as <i>behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours</i>.<sup>28</sup> This type of violence may also include the denial of resources, opportunities or services.<sup>29</sup></p> <p>Any definition of domestic abuse must be careful to focus, not on particular acts or incidents as constitutive of such abuse, but rather on the intent and the impact of conduct perpetrated by partners or ex-partners, or family members. It recognizes that physical, sexual, mental and emotional abuse are included in a range of tactics and behaviours which function to exercise coercive control over the partner and physical aggression and threats are among the strategies available to intimidate, humiliate, isolate, exhaust, disable, punish and reward the partner in order to demonstrate power.</p> <p>The continuum of violence involved in domestic abuse can range from pushing and nipping to physical assaults that result in homicide. It also includes violence towards property, pets and favourite objects to instill fear. Violent and abusive behaviours directed towards children from pre-birth to young adulthood should also be included in this continuum, as perpetrators often use children as a weapon against the non-abusing parent. (World Health Organization (WHO), 2014 [updated]).</p>
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<sup>28</sup> World Health Organization (WHO). 2014 (updated). ‘Fact Sheet No. 239: Violence against Women’, <[www.who.int/ media/centre/factsheets/fs239/en](http://www.who.int/media/centre/factsheets/fs239/en)>

<sup>29</sup> UNFPA. 2012. Managing Gender-Based Violence Programmes in Emergencies: E-Learning companion guide, <[www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies](http://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies)>

<b>Rape</b>	Rape: non-consensual, physically forced or otherwise coerced penetration - even if slight - of the vulva, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. (World Health Organization (WHO), 2014 [updated]).
<b>Sexual Assault</b>	Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. (World Health Organization (WHO), 2014 [updated]).
<b>Conflict-related rape and sexual violence</b>	Conflict-related sexual violence refers to incidents or (for SCR 1960 listing purposes) patterns of sexual violence, that is rape, sexual slavery, forced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, against women, men, girls or boys. Such incidents or patterns occur in conflict or post-conflict settings or other situations of concern (e.g. political strife). They also have a direct or indirect nexus with the conflict or political strife itself, i.e. a temporal, geographical and/or causal link. In addition to the international character of the suspected crimes (that can, depending on the circumstances, constitute war crimes, crimes against humanity, acts of torture or genocide), the link with conflict may be evident in the profile and motivations of the perpetrator(s), the profile of the victim(s), the climate of impunity/weakened State capacity, cross-border dimensions and/or the fact that it violates the terms of a ceasefire agreement'. <sup>30</sup> (UN Action against Sexual Violence in Conflict, 2011)
<b>Female Genital Mutilation</b>	Female Genital Mutilation is an act of sexual violence that impacts sexual organs, and as such will be classified as a sexualized act. This harmful traditional practice should be categorized under sexual assault. (Article 38) <sup>31</sup> . Female Genital Mutilation (FGM) is any procedure which removes part or all of girl or woman's external genitalia for non-medical reasons. There are basically four types of FGM depending on how much tissue is cut or removed. <sup>32</sup> All types of FGM are a human rights violation and all have been illegal in Ireland since 2012. (WHO. 2014 (updated). 'Fact Sheet No. 241)
<b>Forced Marriage and Child or early Marriage</b>	Forced marriage is the marriage of an individual against her or his will. Child marriage is a formal marriage or informal union before age 18. <sup>33</sup> Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, child marriage is a form of forced marriage as children are not legally competent to agree to such unions. <sup>34</sup> (World Health Organization (WHO). 2014 [updated]).

<sup>30</sup> UN Action against Sexual Violence in Conflict. 2011. 'Analytical and Conceptual Framing of Conflict-Related Sexual Violence', <[www.stoprapenow.org/uploads/advocacy\\_resources/1321456915.pdf](http://www.stoprapenow.org/uploads/advocacy_resources/1321456915.pdf)>

<sup>31</sup> Istanbul Convention Available at: <https://rm.coe.int/168046031c>

<sup>32</sup> Type 1. Partial or total removal of the clitoris and/or the prepuce. Type 2: partial or total removal of the clitoris and labia minora with or without excision of the labia majora. Type 3: involves the narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal with or without excision of the clitoris. In most instances, the cut edges of the labia are stitched together, which is referred to as 'infibulation'. Type 4: pricking, piercing, incising, scraping and cauterization but no removal of tissue and no permanent alteration of the external genitalia. This is sometimes called 'symbolic circumcision'. For more information see <https://www.akidwa.ie/female-genital-mutilation-2/what-is-female-genital-mutilation-fgm/>

<sup>33</sup> National Coalition against Domestic Violence referenced in <[http://www.uncfsp.org/projects/user\\_files/File/DCE-STOP\\_NOW/NCADV\\_Economic\\_Abuse\\_Fact\\_Sheet.pdf](http://www.uncfsp.org/projects/user_files/File/DCE-STOP_NOW/NCADV_Economic_Abuse_Fact_Sheet.pdf)>

<sup>34</sup> WHO. 2014 (updated). 'Fact Sheet No. 241: Female Genital Mutilation', <[www.who.int/media/center/factsheets/fs241/end](http://www.who.int/media/center/factsheets/fs241/end)>. See also GBVIMS User Guide. 2010. <<http://www.gbvims.com>>

<b>Denial of Resources, Opportunities or Services:</b>	Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Gender-Based Violence Classification Tool <a href="http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf">http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf</a>
<b>Emotional Psychological Abuse</b>	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. Gender-Based Violence Classification Tool <a href="http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf">http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf</a>
<b>Sexual survival or exploitation</b>	Forced prostitution or exchange of sexual favours for material resources, services and support, usually but not exclusively targeting women and girls who are highly vulnerable and who cannot meet their basic needs and / or those of their children. Male adolescents are also particularly affected, in exchange of money or nonfood items (NFIs). (UNHCR's Guidelines on the Protection of Refugee Women EC/SCP/67 (1991) See <a href="https://www.unhcr.org/en-ie/excom/scip/3ae68cd08/information-note-unhcrs-guidelines-protection-refugee-women.html">https://www.unhcr.org/en-ie/excom/scip/3ae68cd08/information-note-unhcrs-guidelines-protection-refugee-women.html</a> )
<b>Trafficking of persons</b>	Trafficking in persons is described as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation”. <sup>35</sup> This includes, but is not limited to, sexual slavery, forced labour and organ trafficking.  Trafficking in women for sexual exploitation and/or forced marriage, as indicated in the term “sexual”, constitutes a form of sexual violence and lies on the continuum of violence and discrimination against women <sup>36</sup> . This is recognised by international bodies such as the World Health Organization, which explicitly lists both trafficking for sexual exploitation and forced marriage under the category of sexual violence (WHO Global Report, Chapter 6, 2002). Trafficking is also highlighted in the Istanbul Convention, which states that Trafficking in women for forced marriage, prostitution and other forms of sexual and reproductive exploitation constitutes an intrinsic part of control over female sexual and reproductive capacities and “historically unequal power relations between women and men, which have led to domination over, and discrimination against, women by men and to the prevention of the full advancement of women” (Istanbul Convention, Preamble).
<b>Honour-based violence</b>	Crimes in the name of ‘honour’ are any acts of violence or threat, including those covered by the Convention, where culture, custom, religion, tradition or so-called “honour” are used as a justification for such acts. This covers, in particular, claims that the victim has transgressed cultural, religious, social or traditional norms or customs of appropriate behaviour (Istanbul Convention Article 42).
<b>Forced abortion</b>	Forced abortion is performing an abortion on a woman without her prior and informed consent; Forced sterilisation is performing surgery which has the purpose or effect of terminating a

<sup>35</sup> Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, supplementing the United Nations Convention against Transnational Organized Crime adopted and opened for signature, ratification and accession by General Assembly resolution 55/25 of 15 November 2000

<sup>36</sup> This concept was first outlined by Liz Kelly in *Surviving Sexual Violence* (1988) as a framework for and analysing Violence against Women that is not deviant and episodic, but normative and functional - an everyday context in which the lives and experiences of women and girls all over the world are understood in relation to the spectrum of socially sanctioned male aggression, coercive behaviour and patriarchal norms.

	woman's capacity to naturally reproduce without her prior and informed consent or understanding of the procedure (Istanbul Convention Article 39).
<b>Stalking</b>	Stalking is the intentional conduct of repeatedly engaging in threatening conduct directed at another person, causing them to fear their safety, such as repeatedly following another person, engaging in unwanted communication or letting another person know that they are being observed ( Istanbul Convention Article 34).
<b>Sexual Harrassment</b>	Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when; submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. (Istanbul Convention Art 40)
<b>Female Infanticide</b>	Sex selection can take place before a pregnancy is established, during pregnancy through prenatal sex detection and selective abortion, or following birth through infanticide (the killing of a baby) or child neglect. Sex selection is sometimes used for family balancing purposes but far more typically occurs because of a systematic preference for boys. (Preventing gender-biased sex selection an interagency statement OHCHR, UNFPA, UNICEF, UN Women and WHO 2011 available at: <a href="https://www.ohchr.org/Documents/Issues/Women/GenderAndEquality/PreventingGenderBiasedSexSelection.pdf">https://www.ohchr.org/Documents/Issues/Women/GenderAndEquality/PreventingGenderBiasedSexSelection.pdf</a> )

## ANNEXE 3: RELEVANT IRISH LEGISLATION

The Domestic Violence Act 2018 provides for the protection, safety and welfare of married couples, cohabiting couples, parents, children and any other people who live in a domestic relationship. The safety and welfare defined in the Act includes the physical, emotional and mental welfare of the person in question, and domestic abuse is considered to be the physical, sexual, financial, emotional or psychological abuse of one person against another within a family environment or by an intimate partner currently or previously, regardless of gender or sexuality. One of the limitations is that it mainly provides protection for survivors who engage with the Court Process, and it is important to note that this will involve facing the perpetrator



Criminal Justice (Victims of Crime) Act 2017: The Act transposes into Irish law Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime. This Act introduces a number of statutory rights for victims of crime including:

- The right to comprehensive information on the criminal justice system;
- The right to information on victim support services;
- The right to be kept informed on the progress of the investigation and any court proceedings;
- The right to an individual assessment of their protection needs and measures to safeguard them from further victimisation and intimidation;



- The right to be informed of a decision not to institute a prosecution and the right to request a review of that decision; and
- The right to receive information in clear and concise language and to interpretation and translation where necessary.

Criminal Law (Sexual Offences) Act 2017: The Act enhances and updates laws to combat the sexual exploitation and sexual abuse of children, including new offences relating to child sexual grooming and new and strengthened offences to tackle child pornography. The Act also criminalises the purchase of sexual services, introduces new provisions regarding the giving of evidence by victims in sexual offence trials and introduces a new offence addressing public indecency. Other provisions include maintaining the age of consent to sexual activity at 17 years of age and for a new “proximity of age” defence as well as a statutory statement of the law as regards consent to sexual acts.

The Criminal Law (Human Trafficking) Act 2008: The Act separates the offence of smuggling from those of trafficking for labour and sexual exploitation. It also makes it an offence to sell or offer for sale any person, adult or child, for the purposes of sexual exploitation and applies to offences that take place in private and public places. Measures are provided for protecting the anonymity of victims, such as allowing for evidence to be given through a television link.

#### The International Protection Act 2015

The Act represents a significant development in the area of international protection. The Act reforms the system for determining applications and introduces a single application procedure. The Act introduces a number of substantive changes in protection law. Firstly, the two principal bodies currently responsible for examining applications for international protection in Ireland, the Office of the Refugee Applications Commissioner and the Refugee Appeals Tribunal, are abolished. The protection determination function of the Protection Office is subsumed within the Department of Justice and Equality. The appeal function is carried out by the International Protection Appeals Tribunal – an independent body. Secondly, it introduces a single procedure, which brings Irish protection legislation into line with practice across Europe. Under the single application procedure, an applicant makes one application in which all grounds for protection are assessed. An international protection officer authorised to perform this function by the Minister is responsible for assessing all grounds for international protection. The International Protection Officers are independent of the Minister in the performance of their functions as per section 74 of the Act.

See <http://www.irishstatutebook.ie/eli/2015/act/66/enacted/en/html>

#### Criminal Justice (Female Genital Mutilation) Act 2012

This legislation was the culmination of several years of efforts by the Steering Committee from the National Plan of Action to Address FGM. Under the Act, it is a criminal offence for a person living in Ireland to perform FGM or to take a girl to another country to undergo FGM. The maximum penalty is a fine of up to €10,000 or imprisonment for up to 14 years or both. For more information about working with women and girls who have been subjected to FGM see [https://www.ifpa.ie/app/uploads/2018/05/2nd\\_edition\\_fgm\\_handbook\\_for\\_healthcare\\_professionals\\_in\\_ireland\\_2013.pdf](https://www.ifpa.ie/app/uploads/2018/05/2nd_edition_fgm_handbook_for_healthcare_professionals_in_ireland_2013.pdf).

## Victims of Crime Act 2017

The Criminal Justice (Victims of Crime) Act 2017 was enacted on 5 November 2017. The Act transposes into Irish law Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime. This Act introduces a number of statutory rights for victims of crime including:

- The right to comprehensive information on the criminal justice system;
- The right to information on victim support services;
- The right to be kept informed on the progress of the investigation and any court proceedings;
- The right to an individual assessment of their protection needs and measures to safeguard them from further victimisation and intimidation;
- The right to be informed of a decision not to institute a prosecution and the right to request a review of that decision; and
- The right to receive information in clear and concise language and to interpretation and translation where necessary.

Available At: <http://www.irishstatutebook.ie/eli/2017/act/28/enacted/en/html>

## Criminal Law (Extraterritorial Jurisdiction) Act 2019 (Act 6 of 2019)

This Act extends the criminal law of the State to certain conduct engaged in outside the State and gives effect to certain provisions of the Council of Europe Convention on preventing and combating violence against women and domestic violence, amending the Criminal Justice (Mutual Assistance) Act 2008.

Available at: <https://www.oireachtas.ie/en/bills/bill/2018/129/>

# Notes



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International Organization for Migration (IOM)

The UN Migration Agency

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