

1 *Review*

2 **Prevalence of sexual violence in migrants, applicants** 3 **for international protection and refugees: a critical** 4 **interpretive synthesis of the evidence.**

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12 **Abstract:** 1) Background: Sexual violence (SV) is a major public health issue with negative socio-
13 economic and physical, mental, sexual and reproductive health consequences. Migrants, applicants
14 for international protection and refugees (MAR) are identified as a vulnerable group for SV. Since
15 many European countries have been confronted with high migratory pressure, developing
16 prevention strategies and care paths focusing on those MAR affected by SV is needed. To this end,
17 this study reviews evidence on the prevalence of SV among MAR groups in Belgium. 2) Methods:
18 A critical interpretive synthesis was applied to 25 peer-reviewed articles and 22 grey literature
19 documents based on the socio-ecological model. 3) Results: The evidence shows that prevalence
20 rates of SV are high among MAR in Belgium, but comparable prevalence data are lacking. Several
21 challenges for conducting prevalence studies SV in this population are identified and discussed. 4)
22 Conclusions: Sexual violence in MAR in Europe is probably more frequent than in the general
23 population, however representative studies confirming this hypothesis are lacking. Future research
24 should start with a clear definition of the concerned population and acts of SV to generate
25 comparable data. Participatory qualitative research approaches should be applied to fully grasp the
26 complexity of interplaying determinants of SV in MAR.

27 **Keywords:** sexual violence; migrants; refugees; asylum seekers; Europe; prevalence; Belgium

28

29 **1. Introduction**

30 Sexual violence (SV) is a major health, judicial and societal concern [1, 2] and can have numerous
31 serious short- and long-term physical, psychological and social consequences for victims, but also for
32 family members, peers and assailants [1, 3-5]. It is a global and serious public health and human
33 rights problem [5]. SV occurs all over the world, in all cultures, on every societal level, among people
34 from all genders and in all age categories [1]. Regardless of the context in which SV occurs, during
35 war and conflict, within an intimate partnership, larger family or community structure, it is
36 considered as a deeply violating and painful experience for those affected [5]. SV can be broadly
37 defined as a range of behaviours including sexual harassment, sexual violence without penetration,
38 attempted and completed rape which can occur in a myriad of contexts and relationships [6]. It
39 includes victimization, perpetration and the witnessing of transgressive and violent sexual acts
40 taking place between both strangers or in close and/or intimate relationships, motivated by
41 individual or political reasons, in the context of conflict, exploitation or targeting a specific group [7].
42 In this paper we will the term SV to refer to this broad range of behaviour. However, since there is
43 an inconsistency in the use of terms referring to SV, we will use the terminology used in the original
44 papers in the “results” section in order to avoid misinterpretations.

45 Both scientific and grey literature identify applicants for international protection and refugees
46 as being specifically vulnerable for SV exposure [8, 9]. However, the extent to which this vulnerability
47 might impact the prevalence of SV is not yet made clear. There seems to be a lack of qualitative and
48 comparable research on this topic.

49
50 In the last decade, the world has seen an increase in people who have been forced to flee from
51 home. In 2014, UNHCR counted 59,5 million forcibly displaced people worldwide, which is a 16%
52 increase compared to the previous year [10]. The numbers have gone up since then. Today, the UN
53 Agency estimates that 65,6 million men, women and children have been forced to leave their home
54 country. This figure includes 22,5 million refugees, of whom over half are minors under the age of 18
55 [11].

56 The terms “migrant”, “asylum seeker/applicants for international protection” and “refugee” are
57 often considered as synonyms but refer to different populations. In this paper, the definitions
58 proposed by UNHCR will be used. A migrant is someone who consciously and voluntarily decides to
59 leave his/her country of origin and who could decide to go back without having to fear for their
60 safety. Others who leave their home country do not have that option [12]. Asylum seekers or
61 applicants for international protection flee their home country and are awaiting a decision on their
62 request for international protection [12]. Refugees are those applicants that received a positive
63 decision regarding their request for international protection. The abbreviation MAR will be used here
64 to refer to migrants, applicants for international protection and refugees. Although the focus of this
65 study is mainly on the latter two, the term migrant is also included, because a migrant may have been
66 an applicant or refugee in the past.

67 Although the number of applications for international protection has recently declined, the
68 group of applicants and refugees still remains a group not to be neglected. Regardless of their legal
69 status, one fifth of the Belgian population is of a foreign descent and 11 per cent have another
70 nationality [13]. Even with its long history as a migratory transit and/or destination country, the high
71 numbers of MAR confront Belgium with some challenges. One of them is the responsibility to guard,
72 guarantee or aid in achieving the health and well-being of MAR.

73 To take up this responsibility, a clear overview of the specificities regarding a populations
74 experienced threats to health and wellbeing should be identified in order to develop and provide
75 adequate and appropriate care. In order to contribute to the creation of an overview of specific sexual
76 health threats in this population, we want to zoom in on the case of SV in MAR in Belgium. It is
77 essential to research the impact of SV on the lives of those belonging to vulnerable groups in order to
78 contribute to a better understanding of the mechanisms involved and to provide recommendations
79 with the eye on improving the health and wellbeing of all individuals belonging to this group. A first
80 step in this research chain is to estimate the magnitude of the problem in this population. The
81 objective of this study is to critically identify the evidence on the prevalence of SV in MAR in Belgium
82 and to discuss the challenges of conducting research on this topic in this specific population in the
83 light of future prevalence studies. To address the study objectives, this review will look into
84 prevalence studies on SV in MAR in Belgium through the method of a Critical Interpretive Synthesis
85 (CIS).

86 2. Methods

87 2.1 Critical interpretive synthesis

88 In order to critically discuss the evidence and challenges of SV prevalence research in MAR, we
89 opted to conduct a Critical Interpretive Synthesis (CIS). Whereas a systematic review aims to answer
90 a specific research question by collating all empirical evidence that match predefined criteria for
91 eligibility [14] and proves to be an excellent technique for presenting an overview of the relevant
92 evidence on a given topic in an explicit and systematic manner [14], it lacks a critical synthesis of
93 what these findings contribute to the construction of new theoretical frameworks [15]. The focus of a
94 CIS on the other hand lies mainly on understanding phenomena and theory construction through an
95 inductive and interpretive combination of constructs and evidence from different approaches and

96 study fields resulting into a new coherent whole [15]. This methodology allows us to integrate
 97 different kinds of sources, regardless of whether they are peer reviewed or grey literature, and to add
 98 a qualitative dimension to it [15]. New theories and concepts emerging as a result of a CIS may serve
 99 as a starting point for future studies [15].

100 To answer the predetermined research objectives, we synthesized and approached the literature
 101 through the lens of the socio-ecological model. This model [16, 17] can be used to approach SV from
 102 a perspective in which four interlinked levels play a key role. It suggests that the interactions between
 103 the individuals and their environment shape their development over time [16]. Within a complex
 104 system of relationships affected by multiple levels of the surrounding environment [17], research on
 105 SV takes place in a social context. These interactions between different social contexts can be
 106 categorized in various systems.

107 At the centre of the model, we find the intrapersonal processes taking place within the individual
 108 itself. These internal processes are bi-directionally influenced by the immediate surrounding of the
 109 individual. The relationship between the individual and its direct context is in turn affected by the
 110 relationships between several different microsystems within a community. And again, on an even
 111 higher level, communities are influenced by processes taking place at society and public policy level
 112 [16, 17].

113 Starting from this model, we begin by looking at relevant factors in the light of SV prevalence in
 114 MAR identified on a societal and public policy level in order to continue with a more narrow
 115 organisational and community level, followed by challenges at interpersonal and eventually the
 116 individual level.

117 118 2.2 Sample of studies

119 Between May 1th and August 31th, 2017, we selected peer-reviewed articles relevant to the
 120 research objectives of this study through a database search. This search action was part of a larger
 121 study called "UN-MENAMAIS" and took place simultaneously with the search action for a CIS on
 122 the risk factors and consequences of SV and help-seeking behaviours after SV victimization in MAR.
 123 These results will be presented elsewhere.

124 Although our main interest in this paper is on SV in MAR in Belgium, we expected the number
 125 of studies in Belgium to be limited and thus broadened our review to Europe. The inclusion criteria
 126 used were the following: papers on SV in MAR in Europe published after 2000 in English, French or
 127 Dutch were included. Any author's definition of sexual violence (i.e., rape and any other form of
 128 sexual violence) was accepted, but studies that combined sexual and non-sexual violence into one
 129 category in the analysis were excluded in order to maximize the comparability of the prevalence
 130 numbers. However, we did use these sources in order to have a deeper sense of the background
 131 concerning the issue of SV in MAR. If different forms of violence were studied in one single study
 132 and conclusions about SV could be distinguished from the other types of violence, the paper was still
 133 included. The MeSH terms and key words presented in Table 1 were used in different combinations
 134 and databases.

135
136 **Table 1.** Search terms.
137

MeSH terms	Keywords	Databases	Alerts
Prevalence; sex offences; child abuse; sexual human trafficking; rape; refugees; transients and migrants; sexual minorities;	Sexual violence; rape; sexual assault; sexual abuse; child abuse; human trafficking; sexual exploitation; forced prostitution; sexual harassment; sexual slavery; attempted rape; refugees; asylum seekers;	PubMed Google Scholar Science Direct	Crimpapers Science Direct

migrants; undocumented
migrants; legal status;
irregular; illegal; LGBTI;
conflict related sexual
violence; war; EU;
Europe; high-income
countries; Western
countries; help-seeking;
help-seeking behaviour;
disclosure; selective
disclosure; health care;
access; barriers;

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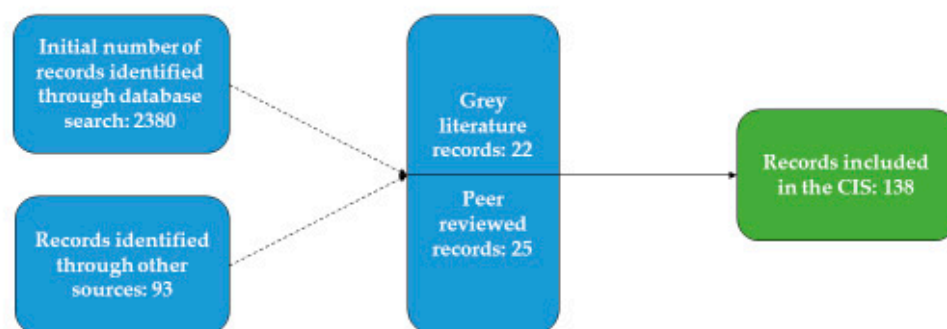
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In addition to peer-reviewed articles, we also considered grey literature. With the term grey literature we refer to those documents that have not undergone the process of peer reviewing and/or are not included in bibliographical retrieval system, but are considered unconventional materials which often remain unpublished and limited in distribution [18, 19]. It includes reports of different natures, theses, technical specification, standards and guidelines, official documentation and so on [18]. These sources were derived from the reference lists of studies used in the first phase and sources provided by experts and alerts. From the 138 identified documents, we ultimately included 25 peer-reviewed articles and 22 grey literature documents in the CIS on the prevalence of SV in MAR in Europe presented here. To have an idea of the prevalence of SV in MAR in EU, only papers mentioning prevalence numbers in EU were included for analysis. Figure 1 presents the selection algorithm used in this CIS.



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Figure 1. Selection algorithm

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3. Results

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3.1 Prevalence of SV in migrants, applicants for international protection and refugees

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Research shows that in comparison to the general population, refugees and applicants for international protection are more vulnerable to be exposed to SV [2, 20-22]. However, compared to the attention given to SV in the general population, research on SV in MAR is extremely scarce. Several reasons could be prompted to explain the lack of research on the topic in this specific

158 population. We will first discuss the prevalence of SV victimization and perpetration in MAR in
159 Europe. The findings regarding both victimization and perpetration will be presented together when
160 they stem from the same studies.

161 3.1.1 European prevalence of SV in MAR

162 As we will discuss later, estimating the prevalence of SV in MAR goes hand in hand with several
163 challenges. The combination of these challenges has led to the identification of only five studies on
164 SV in MAR in Europe matching our predetermined inclusion criteria and may be the primary reason
165 for the scarcity of data on prevalence, consequences and mediating factors of SV in this population.
166 A tendency to recycle the same studies in different literature reviews is therefore not unusual.

167 One such frequently cited paper concerns a community-based participatory study by Keygnaert
168 et al. from 2012 [21] on sexual and gender-based violence (SGBV) in refugees, applicants and
169 undocumented migrants in Belgium and the Netherlands. This study shows that approximately 57%
170 of the participants indicated to be confronted with SV experiences, which comprised rape and sexual
171 exploitation. Compared to the general population, the nature of the experienced SV cases showed to
172 differ with more reported incidences of multiple and gang rape [21]. A fifth of all respondents in
173 this study stated to be sexually victimised themselves. A total of 332 acts of SGVB were described in
174 223 interviews, including 188 cases of SV of which 47 were personal experiences and 141 were
175 experienced by a close peer of the respondent [21]. These results indicate an increased risk for MAR
176 becoming confronted with SV. In line with findings from studies in the general population [4, 23],
177 assailants are mostly known to their victims [21]. The assailant was in most cases an intimate partner
178 (31%) and to a lesser degree a professional (23%), a family member (16%), an acquaintance (15%) or
179 a stranger (12%) [21]. In a third of the incidences, the assailant was a European citizen [21].

180 When looking further into the European situation, another much-cited study by Keygnaert et al.
181 [24] from 2014 in eight European countries (Belgium, Greece, Hungary, Ireland, Malta, The
182 Netherlands, Portugal and Spain) examined the prevalence of SV in refugees, applicants for
183 international protection and undocumented migrants in Europe. This community-based
184 participatory study showed that in the European asylum reception sector both sexes as well as both
185 residents as professionals are at risk of being exposed to different forms of violence, including SV,
186 with 58,3% of the 562 respondents reporting to have been directly (23,3%) or indirectly (76,6%)
187 confronted with SV [24]. This study also showed that victimization and perpetration of violence
188 seems to be more gender-balanced in comparison with the general population. Both sexes indicated
189 a comparable tendency to all types of violence perpetration and victimization. Yet, males were more
190 likely to be involved in SV perpetration and emotional victimization whereas women tend to be more
191 likely to become the victim of SV and perpetrate emotional violence [24]. At a more detailed level, we
192 can see that 69% of the reported cases concerned the victimization of women compared to 29%
193 concerning men being victimized since their arrival in Europe. The opposite pattern can be found
194 when asking about who the assailants were. In 74% of the cases, the assailant turned out to be a man,
195 in 21% the gender was not specified and only in 8% of the cases in involved a woman [24]. However,
196 it should be noted here that the findings may be an underestimation since many of the respondents
197 in the study indicated that they did not want to disclose or were hesitant to disclose personal SV
198 experiences as long as they remained and/or worked in reception centres. Fear for reprisals by
199 community members and feared impact on their asylum case or stay in the facility may have
200 influenced the number of reported cases [24]. Although these studies give us an idea of the magnitude
201 of the problem in this population, their objective was not to present representative prevalence
202 numbers.

203 In the same period, the European Union Agency for Fundamental Rights (FRA) [9] published a
204 report on an EU-wide survey about violence against women (VAW) which included a section on the
205 prevalence of violence by migrant background. They concluded that women who were not citizen of
206 their current country of residence were more likely to become victim of physical and/or SV by both
207 partners and non-partners after the age of 15. However, they did not find notable differences from
208 the general population in physical, sexual or psychological violence before the age of 15 and sexual

209 harassment and stalking after the age of 15 [9]. Unfortunately, these numbers cannot be broken down
210 according to legal status, do not consider SV against men and are not comparable with the figures by
211 Keygnaert et al. in 2012 & 2014 [21, 24].

212 In 2015, Doctors of the World (MdM) [25] disseminated a report on the access to healthcare in
213 2014 for vulnerable people, such as MAR, in 11 countries (Belgium, France, Germany, Greece, the
214 Netherlands, Spain, Sweden, Switzerland, the United Kingdom, Turkey and Canada).

215 The data were collected by means of social and medical questionnaires administered to patients
216 who attended a MdM consultation in one of the 11 countries [25]. Unfortunately, questions on SV
217 were not raised in every country and strongly depended on the healthcare providers' willingness to
218 address the issue. Even though the numbers could not be generalized, the results indicate that
219 applicants for international protection were disproportionately highly represented among victims of
220 violence [25] and thus may support the hypothesis that MAR are more vulnerable for SV than the
221 general population. Among the patients who were questioned about their experiences with SV, 27,6%
222 reported sexual assault. It was reported by 37,6% of women and 7,3% of men. Rape was mentioned
223 by 14,9% of those patients and by 24,1% of the women and 5,4% of the men. Interestingly, male
224 patients reported a quarter of the total numbers of sexual assault [25]. The figures cannot be
225 considered prevalence rates since the method for data collection lacked systematics and
226 representativeness. However, they provide an impression of the current situation.

227 Another important finding in this study, which continues in the line of the results found by
228 Keygnaert et al. [21, 24, 26], relates to the experiences of SV throughout the trajectory of MAR from
229 country of origin to country of destination. MAR do not only experience SV before migrating, but
230 also during and after their arrival in Europe [25, 26]. In the studied population by MdM, 21,1% of the
231 reported rapes and 17,7% of the sexual assaults took place after the victim's arrival in the host
232 country. This is an important finding since the bulk of studies on SV in MAR only consider violence
233 cases in the country of origin, ignoring the experiences on the road or after arrival. Keygnaert et al.
234 [26] found in another study published in 2014 on SV among sub-Saharan migrants in Morocco that
235 45% of them experienced SV in a direct or indirect manner during their migration or in Morocco itself.
236 These are important findings to consider when asking about SV in this population. Identifying
237 aspects related to SV before leaving the country of origin, during transit and after arrival in the host
238 country is necessary in order to provide appropriate and adequate policy recommendations and
239 prevention strategies.

240 In 2009 the Refugee Council's Vulnerable Women's Project (VWP) [22] already published some
241 numbers in line with the trends reported here. In a 21-month period (2006-2008), the project
242 supported 153 refugee and asylum-seeking women in the UK. Of those, 76% indicated to have been
243 raped, either in their home country or in the UK, to have been sexually abused (22%) or confronted
244 with threatening of being raped or sexually abused while in detention in their country of origin (9%).
245 Men were not included in this study [22].

246 We will shortly discuss some non-European studies on CRSV to illustrate these specific SV
247 experiences that may have taken place before the migration process started. During the Rwandan
248 genocide for example, up to half a million women were raped. In parts of Liberia more than 90% of
249 women and girls above the age of three became the victim of CRSV and in parts of Eastern Congo, it
250 is estimated that about 75% of the women were confronted with SV [22]. CRSV presents itself in
251 specific forms, such as gang rape, depending on the war in which it takes place and the underlying
252 function of the practice [27-30].

253 Although clear and robust prevalence rates of SV in MAR in Europe – including Belgium - are
254 lacking, the evidence we have right now supports the hypothesis that MAR are vulnerable to become
255 victim of SV. In addition, it is in line with the wide recognition that in times of conflict everyone is
256 more exposed to violence and more particularity to SGBV [31]. The numbers reported on the situation
257 in Europe also follow the same trend as a systematic review and meta-analysis from 2014 on SV
258 among female refugees in complex humanitarian emergencies. Vu et al. [32] estimate the prevalence
259 of SV in this population as approximately one in five women. Given the multiple barriers associated

260 with disclosing the experiences, the researchers stress that these numbers are most likely an
261 underestimation.

262 3.2 Challenges in conducting, comparing and interpreting research in migrants, applicants for international 263 protection and refugees

264 The challenges in conducting research on MAR were approached and analysed in this study
265 from a socio-ecological perspective [16, 17] in which four interlinked levels play a key role. We started
266 by looking at the issues identified on a societal and public policy level and continue with a narrower
267 organisational and community level, followed by challenges at interpersonal level. We will finish this
268 analysis with a discussion of barriers in conducting research at individual level.

269 3.2.1 Research challenges at the societal & public policy level

270 The societal level in the social ecological model looks at the broad societal factors that create a
271 climate in which conducting research in a specific and vulnerable population as MAR becomes a
272 challenge. First of all, regulations regarding legal statuses can significantly influence research
273 opportunities. Ethical consideration play an important role here. Is it ethical to go into research
274 questions which may ultimately lead to policies that may negatively impact the living situation of the
275 studied community? Düvell et al. [33] give the example of documenting *how* undocumented migrants
276 enter a country compared to studying the *why* question with regard to this behaviour. Researcher's
277 findings may in the end be used disadvantageously by policy makers for the communities that
278 participated [33]. A thorough reflection on the justification of why one wants to conduct a certain
279 study and how the findings may be used afterwards should always be part of the preparatory phase.

280 Secondly, the extent to which people with different legal statuses are integrated into the larger
281 administrative and demographic organisation of a society can have a strong impact too. A common
282 approach in the European Union to register migrants is missing [34, 35]. A related obstacle concerns
283 the difficulty of including MAR in representative studies. MAR are often omitted from large national
284 studies because of language problems [23] and a lack of complete demographic information [34, 35].
285 Undocumented migrants also remain excluded from these studies since they are not represented in
286 national registries [34, 35].

287 3.2.2 Research challenges at the organisational and community level

288 Challenges related to the nature of the research population also play a significant role in the
289 difficulty of conducting research on MAR. Firstly, when the study population is characterised by
290 being on the move, it is hard to investigate effects over longer periods of time. This is specifically
291 relevant in the light of the impact of SV on the life of victims, assailants and their family and peers.
292 Longitudinal designs are very hard to establish.

293 Another essential problem in conducting representative studies on all kinds of migrant
294 populations, refers to the difficulties of getting access to a certain community. To start with, MAR are
295 not equally distributed over Europe, nor within each country. They often live in big cities or near to
296 a certain reception centre and even within these broader areas, they tend to live in specific
297 neighbourhoods. This means that achieving nationwide randomized samples is very costly and
298 inefficient [34, 35]. Furthermore, due to their legal status or rather the lack thereof, subpopulations of
299 MAR often remain hidden [34, 35]. The combination of these factors make MAR a population that is
300 heard to reach.

301 3.2.3 Research challenges at the interpersonal level

302 Many researchers are intrinsically motivated to work with this population because they want to
303 contribute to improving their situations [36]. At the same time, research can only have a substantial
304 impact for a group of people if results are published. Both ethical considerations and logistic
305 challenges are central to finding the balance between applying high academic standards to the
306 research design and making a difference for the participants. It is not always possible for researchers

307 to reveal the details of how they conducted the study (e.g. identified and selected subjects, handling
308 of local security issues, context of the interviews, access to illegal immigrants, illegal activities
309 performed by MAR, etc.), because the privacy of the researched individuals and the fact that their
310 safety might be at stake. The political and legal issues related to the situation of applicants for
311 international protection and refugees, means that they have fewer rights and are at risk when
312 participating in research [33, 36]. Because of the protection of the safety of the participants for
313 example, some elements of the research approach may not always be revealed. The manner of gaining
314 access to undocumented migrants is one such an example. Participating in research on illegal
315 behaviour may put both respondents and researchers at risk [33]. Withholding concrete and detailed
316 descriptions of the research process and the gate keepers involved as a way of protecting individual
317 participants and the community as a whole [33] may lead to a lack of reproducibility of the study
318 later on and threaten the accountability of the results.

319
320 Researchers and their respondents often do not speak the same language and have different
321 cultural backgrounds [36], meaning that translators or cultural mediators have to be involved in order
322 to gather data. However, including a third party into qualitative research brings along new challenges
323 such as erroneous translations, difficulties in establishing a relation of trust between the interviewer
324 and the interviewee and the risk of interviewees refraining from disclosure out of fear of the effects
325 on the community they belong to.

326 These challenges could be reduced through the use of a community based participatory research
327 approach [6, 37]. This approach creates bridges between scientist and communities and establishes
328 mutual trust by sharing knowledge and valuable experiences [6]. By participating within the
329 community, researchers gain a deeper understanding of the unique circumstances a given
330 community lives in. It facilitates open dialogue on sensitive issues and helps to define mutual
331 agreements about the collaborative research process [6].

332 3.2.4 Research challenges at the individual level

333 On an individual level, two perspectives can be taken into account, namely that of the
334 investigator and that of the person being investigated. Given the experience of this population with
335 violent conflict, displacement and human rights violations, most researchers struggle with
336 approaching their study population purely as objects of research without intervening while trying to
337 make a difference and reduce suffering [33, 36]. From the researchers' point of view, remaining
338 neutral can be quite the challenge.

339 From the point of view of the research participant, factors related to disclosing sensitive
340 information about oneself can be considered as a perceived or real threat to personal safety (cf. supra).

341 3.3 Challenges in conducting research on sexual violence

342 In addition, research on SV itself can equally be a challenging task. Again several reasons for the
343 lack of studies on this topic can be classified according to the socio-ecological framework.

344 3.3.1 Research challenges at the societal & public policy level

345 At a broader societal level, it appears that defining SV remains a significant challenge. What falls
346 under SV is not always clear. Publications on the theme use different wordings to describe the same
347 concepts and phenomena and contrariwise describe different types of SV with the same terminology.
348 Further, the societal construction and awareness of SV often seems to be limited to female victims of
349 rape perpetrated by men [6, 38, 39]. The victimization of males and transgender people is generally
350 neglected [38, 39]. Stereotypical thinking about victims and sexual violence is strongly reinforced in
351 ruling rape myths [40]. As we will discuss below, this impacts the funding of studies in specific
352 populations and the research questions that are focused on.

353

354 3.3.1.1 A definition of sexual violence

355 Defining SV in a consistent manner is an important issue in researching and reporting on SV to
356 avoid confusion and enhance comparability of findings [41]. In many papers for example, data on
357 both sexual & physical violence are collected and/or analysed as one single item. When presented as
358 a single item, the nature of the violence and the underlying dynamics remain unclear. Both physical
359 and sexual violence encompass a multitude of types of violent acts and may emerge in diverse
360 contexts and result in different consequences. Irrespective of those differences, physical and SV also
361 show some overlap, are often linked to each other and may be hard to distinguish from one another
362 in certain situations [6, 42]. Specifically, in the light of intimate partner violence (IPV), the distinction
363 between the two may be unclear. SV encompasses all sexual acts against someone's will. It may be
364 difficult to judge whether a sexual act in an intimate relationships is against a partners will. For
365 example, when a partner has sex with his or her partner against their will to avoid later physical
366 violence, does this accounts for SV or not? A clear distinction between the two is often not described
367 and definitions are lacking.

368 The lack of a clear and encompassing definition of SV may result in policies and research funding
369 that focuses solely on those forms of SV (such as completed rape of women) that are recognisable for
370 the general public rather than correspond to how the phenomenon is really perceived and
371 experienced by those people affected by it [6].

372 3.3.1.2 Violence against women & gender-based violence as an umbrella term

373 The same problem arises in the frame of VAW or GBV. SV is often discussed under those broader
374 umbrella's which are often used interchangeably [22]. GBV is generally used to describe and capture
375 all forms of violence that occur as a result of *the normative role expectations associated with each gender,*
376 *along with the unequal power relationships between the two genders, within the context of a specific society*
377 [43].

378 VAW could be considered as a subcategory of GBV in which violence is directed to girls and
379 women and goes beyond what we consider as SV alone. It refers to many forms of violence, including
380 IPV and rape/sexual assault and other forms of sexual violence perpetrated by someone other than a
381 partner (non-partner sexual violence), as well as female genital mutilation (FGM), honour killings
382 and the trafficking of women [4]. Notice that while women, girls, men and boys can all become
383 victims of GBV [21, 26, 44], the main focus within this research area is on women and girls alone. To
384 illustrate, an estimated 35% of all women worldwide are confronted at least once during their life
385 with physical and/or sexual violence, IPV or SV by a non-partner [4]. When it comes to lifetime
386 prevalence in men however, these numbers are not available.

387 From a gender perspective, as a result of a ruling patriarchy, power relations and hierarchical
388 constructions of masculinity and femininity, women appear to be more vulnerable to structural
389 gender inequality [23, 45]. Therefore, the primary focus within GBV lies on VAW [23], which creates
390 a gap in the knowledge about GBV against boys and men [1, 44] and leads to a lack of possibilities in
391 the comparison of female and male experiences when it comes to violence.

392 3.3.1.3 Defining human trafficking & sexual exploitation

393 Other umbrella terms related to SV and often used in context of MAR, are human trafficking,
394 sexual exploitation and SV as a weapon of war or conflict-related SV (CRSV). These types of violence
395 could play a role both in the decision to leave the home country or in the specific vulnerabilities of
396 MAR while in transit or after arrival in the host country in Europe.

397 *Trafficking in persons* or *human trafficking* are often used as synonyms. Trafficking is characterized
398 by the exploitation of vulnerable people in any kind of way. It is defined by the United Nations Office
399 on Drugs and Crime (UNODC) as "*recruitment, transportation, transfer, harbouring or receipt of persons,*
400 *by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse*
401 *of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the*
402 *consent of a person having control over another person, for the purpose of exploitation*" [46]. One way of

403 exploitation is *sexual exploitation*, a form of SV which again covers a range of different forms of sexual
404 violence, such as forced prostitution, sexual slavery, transactional sex, solicitation of transactional sex
405 and having an exploitative relationship [47, 48]. The UN describes it in its glossary as “*any actual or*
406 *attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not*
407 *limited to, profiting monetarily, socially or politically from the sexual exploitation of another*” [48].

408 Estimates of trafficking for sexual exploitation are difficult to ascertain for a number of reasons.
409 One of the complexities is the fact that the boundaries of trafficking and exploitation are often hard
410 to define [49, 50]. Again, consensus on a clear definition of the practices is lacking. Ascertaining
411 prevalence rates can thus be a challenging task. Nevertheless, there are enough indications of the
412 magnitude of this problem to draw the conclusion that it is a not to be neglected issue, especially
413 among MAR. The Refugee Council reports for example that between 4000 and 10000 migrant women
414 and girls are sexually exploited in the UK [22]. A survey from 2012 by the International Labour
415 Organization (ILO) showed that an estimated 22% of people in forced labour were sexually exploited.
416 The organization also estimated that two-third of all the revenues from forced labour globally were
417 the result of a form of forced sex work, amounting to around US\$99 billion or €85 billion a year [51].

418 As we will discuss later, migrants are specifically at risk of ending up in forced labour and
419 experiencing SV in this context. According to the ILO, 44% of the victims had migrated within or
420 across countries prior to being trafficked [51]. The ILO also indicates that the vast majority of victims
421 of sexual exploitation are women and girls [49-51]. Importantly, we should not forget that the focus
422 on females as being the only victims might lead to a biased image. Based on different literature
423 reviews, multiple authors concluded that the existence of male sex workers was not acknowledged
424 in the identified sources [52, 53].

425 In those cases where male sex workers were mentioned, they seemed to be considered less as
426 less severely victimized. In contrast to female sex workers, they were assigned much more agency.
427 Further, in studies on male victimization the focus was more on the danger of HIV infection rather
428 than on the violence component [52], emphasizing the public health threat they form rather than the
429 need for care [6] of male victims. Providing health care for MAR appears to be motivated primarily
430 by removing a threat to public health [54, 55]. In this regard, focusing on infectious diseases is often
431 more accepted than for example investing in mental health care, which is often considered as only
432 benefitting the individual involved.

433 Keygnaert and Guieu [54] argue that the binary approach in SV research seeing women as
434 victims and men as perpetrators ignores the complexity and multiplicity of the experience of violence,
435 women’s agency, male and LGBT victimization and role of reigning social norms leading to
436 acceptance of violence [54]. Interestingly, in studies on male sex workers, sexual orientation seemed
437 to be an important aspect, whereas female victims of sexual exploitation were automatically
438 considered to be heterosexual [52]. SV against men seems to be recognized only when it concerns the
439 rape of male prisoners or sexual torture of homosexual men [56, 57].

440 3.3.1.4 Conflict-related sexual violence (CRSV)

441 SV may also appear as a component of war and conflict. Situations during or post conflict are
442 contexts with a high prevalence of SV [1]. CRSV refers to a potential weapon of war, ethnic cleansing
443 or genocide and is widely acknowledged as a serious problem of international security [28]. This type
444 of SV may be different from other types in that it is used as a strategical means to attain a goal, namely
445 as a way of expressing power and dominance over a group considered as inferior [27]. SV probably
446 occurs in all conflicts, but the prevalence and severity differs widely [28, 29, 58, 59]. The term CRSV
447 covers all acts of SV that can be considered as strategical mechanisms deployed to attain military or
448 political goals [60]. However, wartime rape is not necessarily always an intentional war strategy, but
449 is often a tolerated weapon rather than an ordered way of attacking the enemy [27]. It is used as a
450 way of torturing people, to exercise control over a specific group of people (e.g. ethnic minorities) or
451 as a way to punish or offend individuals and the group to which they belong [22, 30].

452 It is important to consider all actors in conflict situations as possible victims and assailants.
453 Making the distinction between the two roles in conflict areas can be very difficult [30]. Militias,

454 rebels, state officers and civilians are at risk of becoming either victim or assailant or both in the
455 context of war, with armed state actors being identified as more frequently perpetrating SV than rebel
456 groups [27]. In the literature concerning CRSV, we can again identify a gender bias given that
457 researchers generally do not ask about the sex of the assailants, but assume they are male [27]. Where
458 testimonies about CRSV against men do exist, they are often minimalised, not identified as SV or
459 ignored. Although the literature is scarce, forced fellatio and masturbation, genital mutilation, forced
460 rape by civilian men and forced insertion of objects in the anus of prisoners have been described
461 during conflict [44, 56, 61]. Given this observation, it becomes clear that better knowledge about SV
462 directed to boys and men is needed.

463 In combination with the diversity of SV in conflict areas, making statements about the general
464 prevalence of CRSV is again not possible to date. In addition, apart from problems with defining SV
465 from an relational and societal perspective, the terms “rape”, “sexual assault”, “sexual abuse” and
466 “sexual violence”, which are important from a factual and an individual point of view, are often
467 considered to be synonymous and are in many papers used interchangeably [1]. This results in
468 blurred prevalence numbers. Due to the lack of clear definitions used in studies, comparable
469 prevalence data on SV is difficult to collect.

470 3.3.2 Research challenges at the organisational, community and interpersonal level

471 The organisation and structure within the community and institutions create a specific barrier
472 in gaining access to populations. The refusal by community gate keepers or those in charge of
473 institutions hinder the accessibility to individuals that may have information which can be of interest
474 to researchers [6, 34, 35]. This leads again to the creation of bias and a lack of ungeneralizable data.

475 Linked to gaining access to a certain community to talk about SV, are interpersonal barriers
476 related to the sensitivity of the researched topic. Disclosure of SV is one of the most important
477 interpersonal challenge identified with regard to investigating SV. Respondents should be actively
478 motivated to discuss their experiences with SV for researchers to receive the necessary details to be
479 able to come to research conclusions that correspond with the lived reality by those involved.
480 Therefore certain criteria should be met. Respondents will be more likely to talk about their
481 experiences if they perceive the interviewer as trustworthy, as someone who understands the
482 interviewee, as someone who responds in an accepting and not stigmatizing manner and if the
483 respondent expects disclosure to lead to future benefits [62-64]. These benefits could be personal, but
484 could also be related, for example, to the prevention of future victimization of others. Drawing the
485 bigger picture of a study could in that light be very useful. Informing participants about what will
486 happen ultimately with the findings of the study may be one way to increase the motivation for
487 participation. Another strategy may be to involve them in the dissemination of the results within the
488 community and to policy makers afterwards [2]. The use of a participatory research design could
489 thus be an interesting approach to incentivise to engage in SV research.

490 3.3.3 Research challenges at the individual level

491 The primary reason for the difficulty of establishing the magnitude of the problem lies in the fact
492 that those involved commonly hide the experience and health care workers do not recognize it. This
493 may be among others out of fear of being stigmatized or of further violence after disclosure [22, 23,
494 56, 65]. One cannot count what remains hidden. 4. Discussion

495 Authors should discuss the results and how they can be interpreted in perspective of previous
496 studies and of the working hypotheses. The findings and their implications should be discussed in
497 the broadest context possible. Future research directions may also be highlighted.

498 4. Discussion

499 Based on the findings of this CIS, some recommendations for future research can be formulated.
500 Firstly, there is a pressing need for high-quality representative prevalence studies on SV in MAR in
501 Europe. Secondly, the identified challenges in conducting research on MAR lead to the conclusion

502 that a clean and ethical design for conducting research within this particular population may be hard
503 to reach and that creative approaches and mixed methods may be necessary. Designing a study with
504 this population would require that attention is paid to the specificities of MAR and their situation.
505 This means that we, as researchers, should look for ways to reach MAR who could fall out of samples
506 because of their legal status, cultural and language barriers. In addition, we need to guarantee the
507 safety of the respondents. This can be done through a thorough preparation with an identification of
508 the safety threats on all levels of socio-ecological model and providing an answer to them in an ethical
509 and concrete way before the start of the field study. Researchers experienced that when the
510 respondents were not dependent for care or reception on the facilities in which they were
511 interviewed, they were more willing to talk about the experiences [21, 24]. Having an eye for the
512 depended situation in which MAR may find themselves is one example of how we can estimate the
513 safety threats for participants in SV research.

514 By working with interviewers who speak the same language and have the same cultural
515 background as the respondents, misinterpretation of the data due to linguistic errors could be
516 avoided. However, researcher should be critical for the introduction of cultural biases by those
517 interviewers and discuss the interpretations with them. Further, this avoids the problem of having to
518 work with interpreters and thus having a third party who might hamper the establishment of the
519 relation of trust between the interviewer and the interviewee. Training the interviewers sufficiently
520 in asking questions about sensitive issues and dealing with this information becomes key in this
521 approach. Emphasizing the confidentiality of the shared information is crucial in every encounter in
522 order to reassure the interviewee that the disclosed information will not be passed on to other persons
523 of the community. In order to maintain participants' motivation, limiting the data collection to only
524 one interview or questionnaire per respondent may help to avoid loss of follow-up.

525 Aside from elements influencing researching MAR population, challenges regarding research
526 the topic of SV research should be addressed. First of all SV needs to be defined clearly. The
527 definition should be inclusive, that is applicable to men, women and transgender people of all ages,
528 regardless of their legal status, sexual orientation or gender identity. In order to do this, the acts
529 falling under SV should be described as concrete and observable behaviours [41]. When inquiring on
530 SV, attention should be given to not only the violent acts themselves, but the gender of both victim
531 and assailant should be registered as well as the context in which the violence took place and the
532 relation between the victim and assailant [66]. Given the broad range of types of SV possible in MAR,
533 both open and closed questions regarding SV are necessary to cover the entire range of possibilities
534 and to avoid interpretation bias [67].

535 When doing research on sensitive issues as experiences of SV, it is important to take into
536 consideration that the study participants may experience unintended negative consequences as a
537 result of their participation. Consequently, it may be useful to provide some follow-up if possible to
538 ensure that they do not have come to harm as a result of the study [68-70].

539 Developing a clean research design for research in MAR is quite the challenge. A balancing
540 exercise between ethical considerations and academic standards will be key, but worth it.

541 5. Conclusions

542 Sexual violence in MAR in Belgium and Europe is probably more frequent than in the general
543 population, however representative studies confirming this hypothesis are lacking. Future research
544 should start with a clear definition of the concerned population and acts of SV in order to generate
545 high-quality and comparable data. Given the necessity of taking the specific experiences related to
546 different migratory stages and motivations into consideration, qualitative research using
547 interviewers trained in cultural and linguistic competence, should be applied to fully grasp the
548 complex interplay of SV in MAR.
549

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551 and supervisor of the study and actively contributed to the data collection, CIS analysis and writing of the paper.
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558 References

- 559 1. World Health Organization: Guidelines for medico-legal care for victims of sexual violence. Geneva:
560 WHO Press; 2003.
- 561 2. Keygnaert I: Seksueel geweld tegen vluchtelingen, asielzoekers en mensen zonder wettig verblijf in België
562 en Nederland. In: *Vrouwen onder druk: Schendingen van de seksuele gezondheid bij kwetsbare vrouwen*. edn.: Lannoo;
563 2010: 69-88.
- 564 3. World Health Organization: World report on violence and health. Geneva: WHO Press; 2002.
- 565 4. World Health Organization: Global and regional estimates of violence against women: prevalence and
566 health effects of intimate partner violence and nonpartner sexual violence. Geneva: WHO Press; 2013.
- 567 5. Sexual and reproductive health. Sexual violence
568 [http://www.who.int/reproductivehealth/topics/violence/sexual_violence/en/]
- 569 6. Keygnaert I: Sexual violence and sexual health in refugees, asylum seekers and undocumented migrants
570 in Europe and the European neighbourhood: determinants and desirable prevention. Ghent University; 2014.
- 571 7. Depraetere J, De Schrijver L, Nobels A, Inescu A, Keygnaert I: The myriad of sexual violence definitions.
572 In: *UN-MENAMAIS literature review: Understanding the Mechanisms, Nature, Magnitude and Impact of Sexual*
573 *Violence in Belgium- A critical interpretative Synthesis*. edn. Edited by Keygnaert I; 2018.
- 574 8. Freedman J: Sexual and gender-based violence against refugee women: a hidden aspect of the refugee"
575 crisis". *Reproductive health matters* 2016, 24(47):18-26.
- 576 9. FRA - European Union Agency for Fundamental Rights: Violence against women: an EU-wide survey.
577 Luxembourg: Publications Office of the European Union; 2014.
- 578 10. Myria: De asielcrisis van 2015 : cijfers en feiten. In. Brussels: Myria; 2015.
- 579 11. Figures at a Glance [<http://www.unhcr.org/figures-at-a-glance.html>]
- 580 12. Bradby H, Humphris R, Newall D, Phillimore J: Public health aspects of migrant health: a review of the
581 evidence on health status for refugees and asylum seekers in the European Region. In: *Health Evidence Network*
582 *Synthesis Report 44*. Copenhagen: WHO Regional Office for Europe; 2015.
- 583 13. Myria: 2017. Migratie in cijfers en in rechten. In. Brussels: Myria; 2017.
- 584 14. Higgins JP, Green S: *Cochrane handbook for systematic reviews of interventions*, vol. 4: John Wiley &
585 Sons; 2011.
- 586 15. Dixon-Woods M, Cavers D, Agarwal S, Annandale E, Arthur A, Harvey J, Hsu R, Katbamna S, Olsen R,
587 Smith L *et al*: Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable
588 groups. *BMC Med Res Methodol* 2006, 6:35.
- 589 16. Bronfenbrenner U: The ecology of human development: Experiments by nature and design. *American*
590 *Psychologist* 1979, 32:513-531.
- 591 17. Berk LE: *Child Development*, 7th edn. Boston: Pearson Education,; 2006.
- 592 18. Alberani V, De Castro Pietrangeli P, Mazza AM: The use of grey literature in health sciences: a
593 preliminary survey. *Bulletin of the Medical Library Association* 1990, 78(4):358-363.
- 594 19. McAuley L, Pham B, Tugwell P, Moher D: Does the inclusion of grey literature influence estimates of
595 intervention effectiveness reported in meta-analyses? *The Lancet* 2000, 356(9237):1228-1231.
- 596 20. Keygnaert I, Anastasiou A, Camilleri K, Degomme O, Devile W, Dias S, Field C, Kovats A, Vettenburg N,
597 Temmerman M: Senperforto: determinants for effective prevention and response actions of SGBV perpetration
598 and victimization in the European asylum reception system. In: *7th European congress on Tropical Medicine and*
599 *International Health: 2011*; 2011: 96-96.
- 600 21. Keygnaert I, Vettenburg N, Temmerman M: Hidden violence is silent rape: sexual and gender-based
601 violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. *Cult Health*
602 *Sex* 2012, 14(5):505-520.
- 603 22. Refugee Council: The vulnerable women's project: Refugee and asylum seeking women affected by rape
604 or sexual violence. A literature review. London: Refugee Council Retrieved August 2009, 2:2012.

- 605 23. Watts C, Zimmerman C: Violence against women: global scope and magnitude. *The lancet* 2002,
606 359(9313):1232-1237.
- 607 24. Keygnaert I, Dias SF, Degomme O, Deville W, Kennedy P, Kovats A, De Meyer S, Vettenburg N, Roelens
608 K, Temmerman M: Sexual and gender-based violence in the European asylum and reception sector: a
609 perpetuum mobile? *Eur J Public Health* 2015, 25(1):90-96.
- 610 25. Chauvin P SN, Vanbiervliet F, Vicart M and Vuillermoz C: Access to healthcare for people facing multiple
611 vulnerabilities in health in 26 cities across 11 countries: Report on the social and medical data gathered in 2014
612 in nine European countries, Turkey and Canada. Paris: Doctors of the World – Médecins du monde
613 international network; 2015.
- 614 26. Keygnaert I, Dialmy A, Manco A, Keygnaert J, Vettenburg N, Roelens K, Temmerman M: Sexual violence
615 and sub-Saharan migrants in Morocco: a community-based participatory assessment using respondent driven
616 sampling. *Global Health* 2014, 10:32.
- 617 27. Cohen DK, Green AH, Wood EJ: Wartime sexual violence. *USIP Special Report* 2013.
- 618 28. Cohen DK, Nordås R: Sexual violence in armed conflict: Introducing the SVAC dataset, 1989–2009. *Journal*
619 *of Peace Research* 2014, 51(3):418-428.
- 620 29. Wood EJ: Sexual violence during war: Variation and accountability. *Collective Crimes and International*
621 *Criminal Justice: an Interdisciplinary Approach, Intersentia, Antwerp* 2010.
- 622 30. Deleu N: Naar een inclusief referentiecentrum seksueel geweld in België: op welke manier kan er
623 rekening gehouden worden met noden van mensen uit door oorlog getroffen gebieden? Ghent: Ghent
624 University; 2016.
- 625 31. More than numbers. Regional overview: Responding to gender-based violence in the Syria crisis.
626 [http://www.unfpa.org/sites/default/files/pub-pdf/unfpa_gbv_take10-may17-single41.pdf]
- 627 32. Vu A, Adam A, Wirtz A, Pham K, Rubenstein L, Glass N, Beyrer C, Singh S: The Prevalence of Sexual
628 Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-
629 analysis. *PLoS Curr* 2014, 6.
- 630 33. Düvell F, Triandafyllidou A, Vollmer B: Ethical issues in irregular migration research in Europe.
631 *Population, Space and Place* 2010, 16(3):227-239.
- 632 34. Leye E, De Schrijver L, Van Baelen L, Andro A, Lesclingand M, Ortensi L, Farina P: Estimating FGM
633 prevalence in Europe. Findings of a Pilot Study. Research Report In. Ghent: Ghent University - ICRH; 2017.
- 634 35. Van Baelen L, De Schrijver L, Leye E: Towards a better estimation of prevalence of female genital
635 mutilation in the European Union: situation analysis. In. Unpublished report; 2017.
- 636 36. Jacobsen K, Landau LB: The dual imperative in refugee research: some methodological and ethical
637 considerations in social science research on forced migration. *Disasters* 2003, 27(3):185-206.
- 638 37. Stacciarini J-MR, Shattell MM, Coady M, Wiens B: Community-based participatory research approach to
639 address mental health in minority populations. *Community mental health journal* 2011, 47(5):489-497.
- 640 38. Krug EG, Mercy JA, Dahlberg LL, Zwi AB: The world report on violence and health. *The lancet* 2002,
641 360(9339):1083-1088.
- 642 39. Peterson ZD, Voller EK, Polusny MA, Murdoch M: Prevalence and consequences of adult sexual assault
643 of men: Review of empirical findings and state of the literature. *Clinical Psychology Review* 2011, 31(1):1-24.
- 644 40. Peterson ZD, Muehlenhard CL: Was it rape? The function of women's rape myth acceptance and
645 definitions of sex in labeling their own experiences. *Sex Roles* 2004, 51(3-4):129-144.
- 646 41. Cook SL, Gidycz CA, Koss MP, Murphy M: Emerging issues in the measurement of rape victimization.
647 *Violence against women* 2011, 17(2):201-218.
- 648 42. Black MC, Basile KC, Breiding MJ, Smith SG, Walters ML, Merrick MT, Stevens MR: The national
649 intimate partner and sexual violence survey: 2010 summary report. *Atlanta, GA: National Center for Injury*
650 *Prevention and Control, Centers for Disease Control and Prevention* 2011, 19:39-40.
- 651 43. Bloom SS: Violence against women and girls: a compendium of monitoring and evaluation indicators.
652 2008.
- 653 44. Carpenter RC: Recognizing gender-based violence against civilian men and boys in conflict situations.
654 *Security dialogue* 2006, 37(1):83-103.
- 655 45. World Health Organization/London School of Hygiene and Tropical Medicine: Preventing intimate
656 partner and sexual violence against women: taking action and generating evidence. In. Geneva: World Health
657 Organization; 2010.

- 658 46. Human Trafficking [[https://www.unodc.org/unodc/en/human-trafficking/what-is-human-
660 trafficking.html](https://www.unodc.org/unodc/en/human-trafficking/what-is-human-
659 trafficking.html)]
- 661 47. Miller E, Decker MR, Silverman JG, Raj A: Migration, sexual exploitation, and women's health: a case
662 report from a community health center. *Violence Against Women* 2007, 13(5):486-497.
- 663 48. Task Team on the SEA Glossary for the Special Coordinator on improving the United Nations response to
664 sexual exploitation and abuse: United Nations Glossary on Sexual Exploitation and Abuse. Thematic Glossary
665 of current terminology related to Sexual Exploitation and Abuse (SEA) in the context of the United Nations. In:
666 Edited by United Nations. New York; 2016.
- 667 49. Hume DL, Sidun NM: Human Trafficking of Women and Girls: Characteristics, Commonalities, and
668 Complexities. In.: Taylor & Francis; 2017.
- 669 50. Lopez DA, Minassians H: The Sexual Trafficking of Juveniles: A Theoretical Model. *Victims & Offenders*
670 2017:1-20.
- 671 51. International Labour Organization (ILO): Profits and poverty: The economics of forced labor. In. Geneva:
672 International Labour Organization; 2014.
- 673 52. Dennis JP: Women are victims, men make choices: The invisibility of men and boys in the global sex
674 trade. *Gender Issues* 2008, 25(1):11-25.
- 675 53. Oram S, Stöckl H, Busza J, Howard LM, Zimmerman C: Prevalence and risk of violence and the physical,
676 mental, and sexual health problems associated with human trafficking: systematic review. *PLoS medicine* 2012,
677 9(5):e1001224.
- 678 54. Keygnaert I, Guieu A: What the eye does not see: a critical interpretive synthesis of European Union
679 policies addressing sexual violence in vulnerable migrants. *Reprod Health Matters* 2015, 23(46):45-55.
- 680 55. Keygnaert I, Guieu A, Ooms G, Vettenburg N, Temmerman M, Roelens K: Sexual and reproductive
681 health of migrants: does the EU care? *Health Policy* 2014, 114(2-3):215-225.
- 682 56. Oosterhoff P, Zwanikken P, Ketting E: Sexual torture of men in Croatia and other conflict situations: an
683 open secret. *Reproductive health matters* 2004, 12(23):68-77.
- 684 57. Amnesty International: Crimes of hate, conspiracy of silence: torture and ill-treatment based on sexual
685 identity. In. London: Amnesty International; 2001.
- 686 58. Wood EJ: Variation in sexual violence during war. *Politics & Society* 2006, 34(3):307-342.
- 687 59. Wood EJ: Armed groups and sexual violence: When is wartime rape rare? *Politics & Society* 2009,
688 37(1):131-161.
- 689 60. Bastick M, Grimm K, Kunz R: Sexual violence in armed conflict. *Geneva: Center for the Democratic Control of
690 Armed Forces* 2007.
- 691 61. Carlson ES: The hidden prevalence of male sexual assault during war: Observations on blunt trauma to
692 the male genitals. *British Journal of Criminology* 2005, 46(1):16-25.
- 693 62. De Schrijver L: Selective disclosure bij coming out: Een exploratief onderzoek bij holebi's. Leuven: Leuven
694 : K.U.Leuven. Faculteit Psychologie en Pedagogische Wetenschappen; 2013.
- 695 63. Bottoms BL, Peter-Hagene LC, Epstein MA, Wiley TRA, Reynolds CE, Rudnicki AG: Abuse
696 Characteristics and Individual Differences Related to Disclosing Childhood Sexual, Physical, and Emotional
697 Abuse and Witnessed Domestic Violence. *Journal of Interpersonal Violence* 2016, 31(7):1308-1339.
- 698 64. Vangelisti A, Caughlin J, Timmerman L: Criteria for revealing family secrets. *Communication Monographs*
699 2001, 68(1):1-27.
- 700 65. Eapen R, Falcione F, Hersh M, Obser K, Shaar A: Initial Assessment Report: Protection risks for women
701 and girls in the European refugee and migrant crisis. In.: UNHCR, United Nations High Commissioner for
702 Refugees; 2016.
- 703 66. Krahé B, Vanwesenbeeck I: Mapping an agenda for the study of youth sexual aggression in Europe:
704 Assessment, principles of good practice, and the multilevel analysis of risk factors. *Journal of sexual aggression*
705 2016, 22(2):161-176.
- 706 67. Krebs CP, Lindquist CH, Warner TD, Fisher BS, Martin SL, Childers JM: Comparing sexual assault
707 prevalence estimates obtained with direct and indirect questioning techniques. *Violence Against Women* 2011,
708 17(2):219-235.
- 709 68. Stark L, Ager A: A systematic review of prevalence studies of gender-based violence in complex
710 emergencies. *Trauma, Violence, & Abuse* 2011, 12(3):127-134.
- 711 69. Kuyper L, Wijzen C, de Wit J: Distress, need for help, and positive feelings derived from participation in
sex research: Findings of a population study in the Netherlands. *The Journal of Sex Research* 2014, 51(3):351-358.

- 712 70. Yeater E, Miller G, Rinehart J, Nason E: Trauma and sex surveys meet minimal risk standards:
713 Implications for institutional review boards. *Psychological Science* 2012, 23(7):780-787.