

**InSupport**

Enhancing Interagency Support for Victims of Sexual Violence

**symplexis**

# Guidelines for setting up sexual violence referral structures

Supporting women survivors of sexual violence in Greece

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# Guidelines for setting up sexual violence referral structures

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Summary	<p>Greece is at a crossroads when it comes to protecting survivors. International law requires specialized care, but the lack of Rape or Sexual Violence Referral Centres (SARCs) has historically made it hard for victims to get the help they need, which can make things worse. This “institutional silence” ends here, as shown by the 2023 GREVIO findings. The EU-funded “InSupport” project helped NGO Symplexis come up with a clear plan for how to set up Greece's first “one-stop-shop” referral structures. These Guidelines give you a plan for how to work through four important stages: Foundations, Acute Intervention, Operations, and Recovery. This framework makes sure that the response is intersectional and focused on survivors by combining high-level international standards with Greek-specific empirical data, such as important information about the median delays faced by migrant survivors. It also meets the needs of LGBTQI+, migrant, and disabled sexual violence survivors by separating clinical care from reporting to the police so that healing can happen right away and independence can happen over time. This publication is more than just a technical guide; it is also a call to action for service providers and policymakers. It gives the structural “DNA” needed to turn a broken system into a safe, professional, and unified place for every survivor.</p>
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## FOREWORD: A Blueprint for Specialized Care

This publication, titled “Guidelines for setting up rape/sexual violence referral structures”, was developed within the framework of the EU-funded project “InSupport” (Project ID: 101195372), supported by the Citizens, Equality, Rights and Values (CERV) programme.

This strategic deliverable was the responsibility of the NGO Symplexis, which is the project coordinator and lead designer. It was part of Work Package 3 of the project's Grant Agreement. Symplexis sees this project as a way to connect international expertise with national implementation. They want to make sure that the proposed structures are not only theoretically sound but also work in Greece.

### The Istanbul Convention is the legal basis

International law says that these centers are needed. Article 25 of the Istanbul Convention clearly says that there must be “appropriate, easily accessible rape crisis or sexual violence referral centers for victims in sufficient numbers to provide for medical and forensic examination, trauma support, and counseling” (Council of Europe, 2011a).

The Explanatory Report of the Convention goes into more detail about this duty:

- Paragraph 138 says that victims of sexual violence have needs that are different from those of other victims, and that these needs are often not met by general victim support services. This means that they need a special response (Council of Europe, 2011b).
- Paragraph 139 stresses the “one-stop-shop” idea, which calls for medical and forensic care to be given right away, along with psychological support, all in one safe place to reduce the risk of re-traumatization (Council of Europe, 2011b).

### Current Assessment: The 2023 GREVIO Results

The GREVIO baseline evaluation (2023) shows that these Guidelines are even more important because they show that in Greece:

- Victims often have to go to more than one place that doesn't specialize in their needs (hospitals, police stations, forensic services) to get basic care, which makes it more likely that they will be re-traumatized.
- Getting a forensic exam often depends on filing a formal police report, which goes against the Convention's “survivor-centered” approach.
- This “InSupport” roadmap suggests that we need to move toward a “one-stop-shop” model that separates clinical care from court proceedings.

## Advocacy and Policy Effects

These Guidelines are meant to be something that policy makers and service providers use every day. This publication will be promoted to:

- The General Secretariat for Equality and Human Rights (through the Research Center for Gender Equality).
- The Ministry of Citizen Protection (through the General Secretariat for Anti-Criminal Policy).
- The Family and Social Cohesion Ministry.
- The Ministry of Health and the Ministry of Justice.

The goal is to give public and private support providers a common plan to finally set up these important services in Greece.

## Structural Overview: A Four-Phase Approach

To facilitate the practical setting up of a center, the Guidelines are organized into four logical phases that follow the survivor's journey and the institutional lifecycle:

- **Phase A: Foundations & Principles:** This phase establishes the “DNA” of the center, focusing on the non-negotiable standards of **Safety, Confidentiality, and Accessibility**, while ensuring that **intersectional needs** of vulnerable populations (LGBTQI+, migrants, disabled women) are integrated into the design from day one.
- **Phase B: Acute Intervention:** Concentrates on the critical first hours, covering **Risk Assessment, Crisis Counselling**, and the immediate **Service Provision** (clinical and forensic) required to stabilize the survivor.
- **Phase C: Operations & Coordination:** Focuses on the “silent engine” of the SARC, detailing **Documentation and Reporting** standards, **Case Management**, and the vital networking with **Greek support services** and NGOs.
- **Phase D: Recovery & Oversight:** Addresses the long-term path to recovery through **Safe Accommodation** and **Psycho-social Support**, concluding with a framework for **Evaluation and Quality Assurance** to ensure the structure's ongoing efficacy.

## Closing the Gap: From Guidelines to Action

In the end, these Guidelines are more than just a technical manual. They show that the “InSupport” consortium and the NGO Symplexis are all working together to break the silence that has always surrounded the response to sexual violence in Greece. By aligning national operational realities with the highest international standards and the specific recommendations

of GREVIO (2023), we create a clear plan that can't be put off any longer. The Council of Europe has asked Greece to set up enough of these centers and make sure they are spread out across the country (GREVIO, 2023, Appendix I). We ask all parties involved to use this tool as a starting point for immediate action.

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# PHASE A: FOUNDATIONS & PRINCIPLES

## 1. Safety, Confidentiality, and Accessibility

The integrity of a Rape or Sexual Violence Referral Centre (SARC) is contingent upon its ability to guarantee absolute safety and confidentiality. This chapter outlines the structural, digital, and cultural “firewalls” required to protect survivors, ensuring that the right to self-referral is a practical reality rather than an abstract concept.

### 1.1. Structural and Environmental Safety

The physical design of a SARC must balance clinical utility with psychological safety, minimizing the risk of re-traumatization.

- **Discreet Entry and Triage:** Following WHO (2020) standards, centres should be located within non-stigmatizing facilities (e.g., a general hospital like the **SVSeD in Milan**) but must maintain a separate, discreet entrance. This prevents survivors from being seen by the general public or perpetrators in common waiting areas (Fondazione IRCCS Ca’ Granda, n.d.; WHO, 2020).
- **Internal Zoning:** The facility must be zoned to ensure a “clean break” from general hospital traffic. In accordance with the NHS England (2018) service specification, the centre must provide a private “after-care” suite where survivors can shower, change into fresh clothing, and rest in a secure, domestic-style environment post-forensic examination.

### 1.2. The Information Firewall: Confidentiality and Data Protection

Confidentiality is the prerequisite for trust. If a survivor believes their data will automatically flow to law enforcement or immigration authorities, the resulting “chilling effect” will prevent them from seeking care.

- **Legal Protections:** In alignment with Directive (EU) 2024/1385 (2024), SARCs must operate under a strict confidentiality mandate. Identifying information should never be shared with third parties, including the police, without explicit, informed, and written consent, except in cases of mandatory reporting (e.g., immediate risk to life or child protection) (Rape Crisis England & Wales, 2024).

- **Self-Referral Data Management:** For survivors who self-refer, the SARC must maintain a pseudonymous file system. Forensic evidence is stored using a unique alphanumeric code rather than a name, as demonstrated in the Archway (Glasgow) model. This ensures the “Chain of Custody” remains robust while the survivor decides whether to pursue legal action (Archway, n.d.; Healthcare Improvement Scotland, 2025).
- **Digital Security:** Following EIGE (2017) guidelines, all electronic health records related to the assault must be stored on standalone, encrypted servers that are not linked to general hospital registries or police databases.

### 1.3. Universal Accessibility and Inclusive Design

Accessibility must be viewed through a “universal design” lens, removing physical, linguistic, and cultural barriers to care.

- **Physical and Sensory Access:** Facilities must be fully compliant with international disability standards (ADA/EU mandates). This includes providing sensory-friendly examination rooms and specialized communication aids (e.g., easy-read versions of consent forms), as emphasized by the FRA (2019) standards.
- **Marginalized Groups (Refugees, Migrants, LGBTQI+):**
  - ✓ **Linguistic Firewalls:** 24/7 access to trauma-trained interpreters is mandatory (UNFPA, 2005). For survivors in Greece, EODY - the National Public Health Organization (2023) protocol requires that interpreters are not members of the survivor’s immediate social circle or community to prevent breaches of confidentiality (National Public Health Organization, 2023).
  - ✓ **LGBTQI+ Inclusion:** Following the GCRC (2021) and Rape Crisis Scotland (2024) standards, the environment must be gender-affirming. This includes utilizing inclusive intake forms and ensuring all staff are trained in the specific “erasure trauma” and unique safety risks faced by these communities (GCRC, 2021; Rape Crisis Scotland, 2024).

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## 2. Special Support Needs of Vulnerable Populations

The provision of support within a Sexual Assault Referral Centre (SARC) must be intersectional to be effective. Survivors from marginalized backgrounds face unique barriers—legal, social, and physical—that require specialized clinical and psychosocial coordination (FRA, 2019; UN Women, UNFPA, & WHO, 2015). In the Greek context, these barriers are further compounded by structural deficiencies that lead to significant delays in seeking care, as evidenced by clinical data showing that survivors often remain invisible to formal support systems for several days following an incident (Belanteri et al., 2020; GREVIO, 2023).

### 2.1. LGBTQI+ Survivors of Sexual Violence

LGBTQI+ individuals often encounter secondary victimization or are hesitant to report incidents due to fear of identity-based discrimination.

- **Specialized Crisis Standards:** Support must be provided through a framework that acknowledges the specific trauma of sexual violence based on gender identity or sexual orientation (RCEW, 2024; RCS, 2024).
- **Safe Reporting Pathways:** Coordination with law enforcement should follow gender-responsive handbooks to ensure that LGBTQI+ survivors are not further marginalized or “outed” during the reporting process (UN Women & UNODC, 2021).

### 2.2. Migrant, Refugee, and Ethnic Minority Women

Survivors in humanitarian or displacement settings face severe legal and linguistic hurdles in accessing justice.

- **Humanitarian Clinical Protocols:** Care must follow revised protocols for the clinical management of rape to address the complexities of humanitarian settings and legal precariousness (UNFPA, 2005; WHO, 2020).
- **Addressing Delays in Care Seeking:** Empirical research in Greece indicates that only 10.3% of survivors in migrant settings reach medical care within the critical 72-hour window

(Belanteri et al., 2020). The primary obstacles include fear of deportation, linguistic barriers, and a lack of information regarding medical confidentiality. For incidents occurring within the Greek territory, the median delay is 5 days, highlighting the urgent need for SARCs to provide clear, confidential entry points that decouple clinical care from immigration enforcement (Belanteri et al., 2020; GREVIO, 2023).

- **Location of Incidents and Safety Planning:** Contrary to the perception that sexual violence occurs only during transit, a significant number of survivors are assaulted within Greek reception facilities or urban settings (Belanteri et al., 2020). This requires SARCs to be strategically located and integrated with camp management to ensure immediate safety and clinical intervention.
- **Mandatory Screening and Healthcare for Asylum Seekers (GREVIO Mandate):** In alignment with the GREVIO (2023) “strong urge”, the Greek authorities must ensure that SARCs are integrated into an effective system of screening and referral. This involves:
  - a. Safe, single-sex accommodation and appropriate access to healthcare.
  - b. Swift vulnerability screening upon arrival to detect SGBV risks.
  - c. Dedicated SGBV focal points within all reception and identification centres (RICs).
  - d. Implementation of standard operating procedures for gender-sensitive reception.
  - e. Removal of barriers to accessing specialist NGO support through clear information on rights and remedies.
- **Linguistic Barriers and Information Access:** The significant lack of adequate interpretation and gender-sensitive information in Greece (GREVIO, 2023) requires SARCs to provide specialized trauma-informed interpreters to ensure survivors can access clinical and forensic care without communication hurdles.
- **Trafficking Intersections:** In cases where sexual violence intersects with human trafficking, frontline professionals must apply the specialized identification and protection protocols outlined by the EKKA - National Centre for Social Solidarity (2021; 2023) to ensure the survivor is not treated as an undocumented migrant but as a victim of crime.

## 2.3. Disabled Women and Survivors with Complex Needs

Disabled women face higher risks of abuse and encounter unique physical and communication barriers when seeking help.

- **Standards of Care and Accessibility:** Specialized support must align with the “Victims’ Rights as Standards of Care”, ensuring that the entire SARC pathway—from intake to forensic exam—is physically and informationally accessible (FRA, 2019). This is emphasized by GREVIO (2023), which strongly urges the Greek authorities to take measures to ensure that

specialized support services are fully accessible to women with disabilities, addressing the current systemic lack of inclusive infrastructure.

- **Field Intervention & Emergency Care:** For survivors physically unable to reach a clinic, the mobilization of field social interventions must be coordinated with medical emergency services. Stabilization and transport must follow the specialized emergency response protocols established by the National Medical Emergency Service (2017) to ensure trauma-informed care starts at the point of first contact. The “compounded vulnerability” observed in marginalized populations in Greece (Belanteri et al., 2020) necessitates that emergency stabilization is both physically accessible and trauma-informed from the point of first contact.

## 2.4. Protection of Motherhood and Children

Case management for survivors with children must integrate specialized material and financial aid to prevent further vulnerability.

- **Maternal Support Coordination:** In Greece, specialized pathways must prioritize the unique safety and social protection needs of abused women and motherhood, utilizing the social intervention mechanisms of the EKKA National Centre for Social Solidarity (n.d.).
- **Rescue Services for Families:** Operational models should incorporate “Rescue Services” that address both sexual and domestic violence for mothers and their children, ensuring a unified protective environment (Fondazione IRCCS Ca’ Granda, n.d.). Coordinated support is vital to ensure that survivors do not withdraw from the care chain, a risk that is particularly high when specialized resources for families are fragmented or absent (Belanteri et al., 2020).

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## PHASE B: ACUTE INTERVENTION

### 3. Risk Assessment and Management

Risk assessment is the systematic process of identifying the potential for further harm, reprisal violence, or lethality. In a holistic referral structure, risk management is a continuous, dynamic process that informs safety planning and inter-agency coordination for every survivor.

#### 3.1. Validated Risk Assessment Frameworks

SARCs must utilize standardized, evidence-based tools to ensure that risk is measured objectively rather than based on subjective clinical intuition.

- **The DASH Model:** The DASH (Domestic Abuse, Stalking, and Honour-Based Violence) risk identification and assessment tool remains the international benchmark. It identifies high-risk indicators, such as strangulation, threats of suicide by the perpetrator, or the presence of weapons (WHO, 2020).
- **High-Lethality Indicators:** Research from the Scottish Government (2022) clinical pathway emphasizes that non-fatal strangulation is one of the highest predictors of future femicide. SARCs must have specific clinical and safety protocols for survivors reporting this indicator (Scottish Government, 2022).

## 3.2. Collaborative Safety Planning

A risk assessment is only as effective as the safety plan it produces—a bespoke, survivor-led document outlining practical steps to minimize danger.

- **Immediate Safety Measures:** Following the WHO (2022) curriculum, safety planning includes harm reduction strategies, such as safe words for children, secure digital communication, and “escape kits” (WHO, 2022).
- **Self-Referral and Safety:** For survivors who have self-referred and chosen not to involve the police, safety planning is critical. The SARC must help the survivor identify informal safety networks while respecting their decision to maintain confidentiality from law enforcement (RCEW, 2024; Archway, n.d.).

## 3.3. Inter-Agency Risk Management (MARAC)

High-risk cases require a multi-disciplinary response to manage the perpetrator's behavior and protect the survivor.

- **Multi-Agency Risk Assessment Conferences (MARAC):** In high-risk situations, the SARC acts as a participant in a MARAC, sharing necessary information with the police and social services to create a wraparound safety plan.
- **Greek Inter-Service Coordination:** These efforts must align with the EKKA - National Centre for Social Solidarity (2021; 2023) and EODY National Public Health Organization (2023) protocols. These define how national bodies coordinate when a survivor is at acute risk, particularly within the framework of the National Referral Mechanism.

## 3.4. Risk in Marginalized Populations

- **Migrant and Refugee Women:** Risk includes the threat of being reported to immigration authorities by the perpetrator. Following the UNFPA (2005) and EODY (2023) guidelines, risk management must include “Firewall” protections so that seeking safety does not result in deportation or secondary victimization by state actors (UNFPA, 2005; EODY, 2023).
- **LGBTQI+ Survivors:** Risk assessments must account for identity-based abuse, such as threats of “outing” or “corrective” violence. Following Rape Crisis Scotland (2024) standards, the process must be gender-affirming and recognize the unique barriers LGBTQI+ survivors face when seeking state protection (Rape Crisis Scotland, 2024).

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## 4. Crisis Counselling

This chapter details the psychological stabilization protocols that occur concurrently with, or immediately following, medical and forensic interventions. Crisis counselling in a SARC setting is a time-sensitive, specialized intervention designed to mitigate acute trauma, reduce the risk of long-term psychological morbidity, and restore a sense of agency to the survivor.

### 4.1. Theoretical Framework: Psychological First Aid (PFA)

Crisis counselling in a referral structure is fundamentally different from traditional psychotherapy. It is based on the Psychological First Aid (PFA) model, which focuses on immediate stabilization rather than “processing” the trauma details.

- **Core Objectives:** Following the WHO (2022) curriculum, PFA aims to reduce initial distress and foster short-term adaptive functioning. It explicitly avoids “forced debriefing”, which research indicates can increase the risk of PTSD (WHO, 2022).
- **Trauma-Informed Principles:** All crisis interactions must adhere to the six core principles: safety, trustworthiness, peer support, collaboration, empowerment, and a recognition of historical and cultural issues, as outlined in the Rape Crisis England & Wales (2024) standards.

### 4.2. The Role of the Independent Sexual Violence Advisor (ISVA)

The “holistic” promise of a SARC is often embodied by the ISVA. This professional provides the “warm handover” from clinical services to the social world.

- **Advocacy and Coordination:** The ISVA acts as the survivor’s primary advocate during the crisis phase. According to the NHS England (2018) specification, the ISVA helps the survivor navigate medical, legal, and social options, ensuring their voice remains central to every decision.
- **Immediate Risk Assessment:** A mandatory component of crisis counselling is the immediate assessment of risk for self-harm or suicidal ideation. This is especially critical for survivors who have experienced “high-lethality” incidents like strangulation, following the Scottish Government (2022) clinical pathway.

### 4.3. Communication in Crisis: The Neurobiology of Trauma

Personnel must understand that a survivor in crisis is often in a “fight, flight, or freeze” state (tonic immobility), which affects memory and verbalization.

- **Brain-Aware Support:** Practitioners should be aware of the neurobiology of trauma. Validating the “freeze” response helps counselors reduce survivor guilt and shame. Following the WHO (2022) training, validation of the body's survival response is a primary “therapeutic” intervention.
- **Non-Directive Support:** The counselor must avoid "directing" the survivor. As emphasized by Rape Crisis Scotland (2024), the goal is the restoration of control. If a survivor chooses not to report to the police, that choice must be validated within the framework of informed consent.

### 4.4. Cultural Sensitivity and Inclusive Crisis Support

Crisis counselling must be adapted for marginalized backgrounds to be truly “holistic”.

- **Refugees and Migrants:** For survivors in the Greek context, crisis support must follow the National Public Health Organization (EODY) (2023) protocol, ensuring that trauma-informed interpreters are used to prevent “mistranslations of trauma” and community-based confidentiality breaches (UNFPA, 2005).
- **LGBTQI+ and Non-Binary Survivors:** Crisis staff must use gender-neutral language and recognize “erasure trauma”. Following GCRC (2021) standards, the SARC must ensure the environment is gender-affirming and safe from heteronormative bias.
- **Self-Referral and Confidentiality:** The crisis counselor must reinforce the survivor's right to remain confidential. For self-referrals, the counselor explains the “Chain of Custody” for forensic evidence, utilizing the operational transparency models seen in integrated hospital centers like the SVSeD (Archway, n.d.; Fondazione IRCCS Ca’ Granda, n.d.).

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## 5. Service Provision and Intervention

This chapter details the operational “One-Stop-Shop” model. The goal is to provide a seamless transition from acute medical triage to forensic evidence collection and immediate stabilization, ensuring the survivor never has to leave the “safe zone” of the referral structure. The implementation of this integrated model is a direct response to the GREVIO (2023) findings, which highlight that the current reliance on general hospital settings in Greece fails to provide the specialized, trauma-informed environment required for sexual violence survivors. Moreover, GREVIO (2023) expresses a “strong urge” for the Greek authorities to establish rape crisis or sexual violence referral centres in sufficient numbers to ensure adequate geographical coverage. Supporting this mandate, empirical evidence from the MSF clinic on Lesbos reveals that structural barriers—including fear of deportation and lack of information—prevent the vast majority of survivors from accessing care within the acute clinical window, with only 10.3% seeking support within 72 hours (Belanteri et al., 2020).

### 5.1. Immediate Medical Triage and Prophylaxis

The first 72 hours post-incident are a critical clinical window. Holistic centres must prioritize medical stabilization alongside forensic preservation.

- **Pre-hospital Coordination:** Before arriving at the SARC, initial trauma management and emergency transport are guided by the specialized protocols of the EKAV National Centre for Emergency Care (EKAV National Medical Emergency Service VET, 2017). Adherence to these protocols ensures that stabilization begins at the point of first contact, aligning with the current professionalization and “critical momentum” of emergency medicine in Greece (Tsiftsis et al., 2024). This triage process must be conducted by healthcare professionals who have undergone mandatory training on sexual violence and trauma-informed care, as currently, GREVIO (2023) observes a lack of such systematic training in the Greek health sector.
- **Acute Medical Assessment:** Triage must follow the Royal College of Emergency Medicine best practices. This includes screening for traumatic brain injury (TBI), internal hemorrhage, and strangulation—the latter being a high-lethality indicator that requires immediate radiological or clinical observation (Royal College of Emergency Medicine, n.d.).
- **Post-Exposure Prophylaxis (PEP):** The administration of PEP for HIV is time-sensitive and should ideally begin within 2–4 hours (and no later than 72 hours). In Greece, clinicians must follow the National Public Health Organization (EODY) (2022) guidelines. These specify the 28-day regimen and follow-up testing schedule for adults and adolescents after potential exposure. However, given that clinical data shows a median delay of 5 days for incidents within Greece (Belanteri et al., 2020), SARCs must be robustly equipped to manage “late presentations” where the optimal window for PEP has closed.

- **Addressing the “Acute Window” Reality:** While clinical protocols focus on the 72-hour window for PEP and emergency contraception, empirical data from the MSF clinic on Lesbos highlights a significant gap: only 10.3% of survivors reach medical care within this timeframe (Belanteri et al., 2020). For incidents occurring within the Greek territory, the median delay is 5 days, whereas for those assaulted during transit, the delay extends to a median of 64 days. Consequently, SARC triage protocols must be robustly equipped to manage “late presentations”, shifting the clinical focus toward comprehensive STI screening, psychological first aid, and long-term trauma support when the window for acute prophylaxis has closed (Belanteri et al., 2020).
- **Emergency Contraception:** Provision of Emergency Hormonal Contraception (EHC) or referral for an emergency IUD (the most effective form of EHC) must be offered immediately to all women of childbearing age (WHO, 2020).

## 5.2. The Forensic Medical Examination (FME) & Chain of Custody

The FME is the technical core of the SARC. It must be conducted by specially trained Forensic Nurse Examiners (FNEs) or Forensic Physicians. GREVIO (2023) notes with concern that forensic services in Greece are often under-resourced and difficult to access outside major urban centers. This centralization further complicates care for populations - such as migrants and refugees - where significant delays in seeking care are already the norm (Belanteri et al., 2020).

- **Forensic Integrity:** To ensure evidence stands up in court years later, SARCs must adhere to the Forensic Science Regulator (2025) standards (FSR-GUI-0020 v2). This involves “clean room” protocols to prevent DNA contamination (Forensic Science Regulator, 2025).
- **The “Self-Swab” Alternative:** Recognizing that a full invasive FME can be re-traumatizing, the FFLM (2024) guidelines support “forensic self-swabbing” in specific contexts. This allows the survivor to collect their own samples under clinical supervision, maintaining autonomy while preserving evidence (FFLM, 2024).
- **Documentation:** Detailed mapping of injuries must be recorded using specialized software or body maps. According to the FFLM (2025) operational procedures, photography must be high-resolution and include “scale” markers for legal accuracy (FFLM / FSSC, 2025).

## 5.3. The Right to Self-Referral: Decoupling Care from Reporting

The most vital policy shift in holistic centres is allowing survivors to access the SARC without first going to the police.

- **The Archway Model:** As evidenced by the Archway (Glasgow) service, self-referral increases service uptake by survivors who are fearful of the legal system. In this model, forensic samples are “frozen” and stored anonymously. The survivor is assigned a unique code, allowing them to activate the evidence at a later date if they choose to report (Archway, n.d.; Healthcare Improvement Scotland, 2025).
- **Overcoming Legal Barriers:** In alignment with GREVIO (2023), forensic and medical care must be available regardless of the decision to report. This is critical as the fear of deportation and lack of information are primary structural barriers preventing survivors from accessing immediate care (Belanteri et al., 2020).
- **Confidentiality Firewalls:** Services must be strictly confidential. If a survivor does not want to report, the SARC must ensure that no identifying information is shared with law enforcement, except in cases of mandatory reporting (e.g., child protection) (Directive (EU) 2024/1385; RCEW, 2024).

## 5.4. Holistic Intervention: The “Warm Handover”

A “warm handover” is a physical and emotional transition where the clinician personally introduces the survivor to the next support worker.

- **Case Management Coordination:** Following the NHS England (2018) specification, the SARC acts as the “hub”. In the Greek context, this hub model is vital to mitigate the systemic fragmentation and “uncoordinated” nature of emergency services (Kotsiou et al., 2018). The handover must be sensitive to the risk of secondary victimization, which GREVIO (2023) identifies as high when survivors must recount their experience multiple times. From here, the survivor is referred to long-term trauma support, safe housing, or legal advocacy (NHS England, 2018).
- **Specialized Triage for Vulnerable Groups:** Provision must be made for immediate sign-language or linguistic interpretation. For migrant women, this includes ensuring the interpreter is not from the survivor's immediate community (UN Women, UNFPA, & WHO, 2015; FRA, 2019). The critical lack of specialized trauma-informed interpretation in Greece often forces survivors to withdraw from the referral chain (GREVIO, 2023). This must be balanced with inclusive protocols for male survivors, who represent approximately 8.3% of those seeking specialized care in refugee settings (Belanteri et al., 2020).
- **Navigating Barriers to Trust:** Effective case management must proactively address the primary obstacles to care identified in the Greek refugee and migrant context: fear of deportation, linguistic barriers, and lack of information regarding medical confidentiality (Belanteri et al., 2020). The “Warm Handover” should prioritize immediate, transparent communication about the survivor's rights to confidential support, regardless of their legal status, to ensure they do not withdraw from the referral chain.

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## PHASE C: OPERATIONS & REPORTING

### 6. Documentation and Reporting

In the operational framework of a Sexual Assault Referral Centre (SARC), documentation serves as the vital bridge between acute clinical care and the legal pursuit of justice. Meticulous reporting is not merely administrative; it is a specialized technical requirement to ensure the admissibility of evidence and the continuity of psychosocial support within the national and international legal landscape (Forensic Science Regulator, 2025; World Health Organization [WHO], 2003).

#### 6.1. Forensic and Clinical Evidence Documentation

Documentation within a SARC must adhere to strict judicial standards to remain valid during criminal proceedings. International guidelines emphasize that clinical records must be contemporaneous and objective to support effective prosecution (UNODC, 2020; WHO, 2003).

- **Authorized Forensic Examinations:** Documentation of forensic findings must be coordinated with the 15 authorized Forensic Services of the Ministry of Justice (2022), which are the only competent bodies for official examinations in the Greek criminal justice system. This local mandate aligns with international standards for specialized healthcare and forensic medical services (Healthcare Improvement Scotland, 2025).
- **Intake and Professional Secrecy:** Initial clinical records within the public network are covered by counseling confidentiality and must accurately reflect the survivor's psychosocial state to facilitate future referrals (womensos.gr, n.d.). Such protocols are a core element of the “Essential Services Package” (UN Women, UNFPA, & WHO, 2015).
- **Standardized Records:** Maintaining standardized intake forms ensures that when a survivor is referred to a Counseling Center of the General Secretariat for Equality and Human Rights (GSEHR), KETHI - Research Centre for Gender or a Municipality, the specialized staff can access the necessary context regarding gender-based violence (GBV) or multiple discrimination (KETHI - Research Centre for Gender Equality, n.d.). This follows the “Good Practice” of integrated rape crisis networks (EIGE, n.d.).

## 6.2. Reporting to Law Enforcement and Protective Measures

Documentation is a prerequisite for triggering the state's immediate protective mechanisms, a requirement now bolstered by the Directive (EU) 2024/1385.

- **Ex Officio Reporting:** Documentation of domestic violence incidents is critical because these crimes are prosecuted *ex officio* (“αυτεπάγγελτα” in Greek) under Greek law, requiring the state to act regardless of a formal victim complaint (Hellenic Police, n.d.). This reflects the global shift toward gender-responsive policing (UN Women & UNODC, 2021).
- **Specialized Police Recording:** Reports should be formally documented through local Police Stations or specialized Domestic Violence Response Offices to initiate the legal process (Hellenic Police, n.d.; UN Women & UNODC, 2021).
- **Panic Button Documentation:** In high-risk cases, the facilitation and successful installation of the “Panic Button” application must be recorded as part of the survivor's immediate safety plan (Hellenic Police, n.d.), serving as a concrete standard of care (FRA, 2019).

## 6.3. Reporting in Crisis Intervention and Helplines

Logging telephonic and emergency interventions provides the data necessary for immediate crisis management and national monitoring.

- **Tele-counseling Records:** The SOS Helpline 15900 documents all incoming calls to provide immediate telephone counseling and information (womensos.gr, n.d.), adhering to the National Service Standards for Rape Crisis (Rape Crisis England & Wales [RCEW], 2024).
- **Social Aid Logging:** The EKKA - National Centre for Social Solidarity maintains records for Line 197 to coordinate emergency field social interventions and immediate psychological support (EKKA, n.d.; Ministry of Health, n.d.).
- **Mental Health and Identity Data:** Specialized logs from Line 10306 and Line 11528 (LGBTQI+) ensure that documentation reflects specific vulnerabilities, aligning with the “Victims' Rights as Standards of Care” for marginalized populations (FRA, 2019; 10306.gr, n.d.; 11528.gr, n.d.).

## 6.4. Case Management, Social Reintegration, and Statistical Monitoring

For long-term recovery, documentation must track the transition from acute crisis to social reintegration. Furthermore, this data is centralized to inform national public policy and state intervention strategies.

- **The National Network Infrastructure:** In Greece, social reintegration documentation is managed by the network of 46 Counseling Centers and 20 Shelters coordinated by the GSEHR and scientifically supervised by KETHI. This network ensures that the journey from shelter to employment is recorded as part of the survivor's longitudinal support (Ministry of Social Cohesion and Family Affairs, n.d.).
- **National Statistical Reporting:** Every interaction recorded by the Counseling Centers and Shelters contributes to the annual monitoring of violence in Greece. GSEHR publishes these findings in its annual reports (e.g., the 5th Annual Report on Violence Against Women, 2025), which provide the statistical evidence needed to evaluate the effectiveness of the support structures and the prevalence of sexual violence (isotita.gr, 2025).
- **Legal and Humanitarian Tracking:** NGOs such as “Diotima” document the provision of free legal aid and court representation to track the survivor's progress through the justice system (“Diotima” Center for Women’s Studies and Research, n.d.; UNODC, 2020).
- **Empowerment and Stability Records:** Specialized reporting by organizations like “Erifyli” (“Erifyli” Center for the Management of Gender Inequalities, n.d) and the “Union of Women Associations of Heraklion Prefecture” (n.d.) track the success of housing stability and empowerment workshops in preventing further violence.

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## 7. Referral and Case Management Coordination

Case management serves as the active “connective tissue” that transforms isolated clinical or legal interventions into a continuous, survivor-centered recovery journey. It ensures that the transition from acute forensic care to long-term social reintegration is technically sound and prevents secondary victimization by guiding the survivor through complex institutional mazes (Department of Health, 2005; UN Women, UNFPA, & WHO, 2015). This coordination is essential to overcome the “fragmented referral pathways” identified by GREVIO in the Greek landscape (GREVIO, 2023) and to address the “invisibility” of survivors who, due to structural barriers and fear of deportation, often delay seeking care for a median of five days following an assault within the Greek territory (Belanteri et al., 2020).

### 7.1. Centralized Triage and Immediate Entry Points

In the Greek framework, coordination begins with a national infrastructure that acts as the primary triage hub for all subsequent referrals.

- **The SOS Helpline 15900:** This 24-hour national service acts as the central axis of coordination. It provides immediate crisis counseling and facilitates the referral of survivors to specialized Counseling Centers and safe shelters within the national network (womensos.gr, n.d.). To be effective for all populations, outreach must overcome the lack of information identified as a primary barrier to care-seeking among marginalized groups (Belanteri et al., 2020).
- **Emergency Social Intervention:** For cases requiring immediate field mobilization or emergency psychosocial support, coordination is managed by the EKKA - National Centre for Social Solidarity via Line 197 (EKKA, n.d.; Ministry of Health, n.d.).
- **Overcoming Information Barriers:** While the 15900 line and Line 197 are central axes of coordination, their effectiveness for migrant and asylum-seeking populations depends on visibility and trust. As noted by Belanteri et al. (2020), a lack of information about available services is a primary reason for delayed care. Coordination efforts must include targeted outreach and multilingual dissemination to ensure these entry points are known and trusted by all survivor groups.
- **Pre-hospital Emergency Coordination:** The management of survivors in the immediate aftermath of sexual violence often requires urgent medical intervention, where initial trauma management and transport are strictly guided by the specialized pre-hospital protocols of the EKAV National Centre for Emergency Care (EKAV National Medical Emergency Service VET, 2017). These protocols provide the operational framework for stabilizing patients and ensuring safe transfer to appropriate healthcare facilities. However, the implementation of such procedures within the Greek territory is subject to systemic challenges, including

geographical disparities and resource allocation, which can impact the efficiency of emergency response (Kotsiou et al., 2018). The SARC model addresses the "strong urge" from GREVIO (2023) to rectify these disparities, ensuring that the critical 72-hour window—currently reached by only 10.3% of survivors in precarious settings (Belanteri et al., 2020)—is prioritized through professionalized emergency medicine (Tsiftsis et al., 2024).

## 7.2. The Integrated Multi-Agency Model

International standards, such as the “Archway Model” in Scotland, emphasize a multidisciplinary approach where health, police, and social services operate in a synchronized “warm handover” (Archway, n.d.; Improvement Service, 2017). However, for this model to be effective in the Greek territory, it must proactively address the “invisibility” of survivors in precarious settings. Clinical evidence shows that structural barriers, such as fear of deportation and lack of information, lead to a median delay of five days before survivors assaulted within Greece seek any form of care, with only 10.3% accessing services within the critical 72-hour window (Belanteri et al., 2020).

- **The Greek Public Network:** To address the systemic fragmentation historically observed in Greek emergency and social services (Kotsiou et al., 2018), this model is localized through the 46 Counseling Centers, the 20 Shelters, and the 24hr helpline 15900 coordinated by the General Secretariat for Equality and Human Rights (GSEHR) and scientifically supervised by the KETHI Research Center for Gender Equality. These structures provide integrated social, psychological, and legal support, acting as the stabilizing force in the survivor's journey (KETHI - Research Centre for Gender Equality, n.d.; Ministry of Social Cohesion and Family Affairs, n.d.). The integration of these services must extend into reception and identification centers (RICs), as clinical data reveals that a significant number of incidents occur within these facilities (Belanteri et al., 2020). A synchronized response prevents survivors from having to recount their trauma multiple times to different professionals, a key factor in reducing secondary victimization (GREVIO, 2023).
- **Adherence to Quality Standards:** Coordination within these centers must align with European good practice standards and the “Victims' Rights as Standards of Care”, ensuring that specialized support is accessible to all survivors regardless of their background (EIGE, n.d.; FRA, 2019). Special attention must be paid to inclusive care; for instance, approximately 8.3% of survivors seeking specialized support in Greek refugee settings are men, requiring protocols that are sensitive to their specific stigma and barriers (Belanteri et al., 2020).

## 7.3. Specialized NGO Advocacy and Legal Coordination

Civil society organizations in Greece provide a critical layer of specialized case management, particularly for navigating complex legal and social barriers.

- **Legal Case Management by “Diotima”:** The Center for Gender Rights and Equality “Diotima” (n.d.) offers specialized legal aid and psychosocial services. This coordination is vital for ensuring an effective prosecution response as outlined in international handbooks (UNODC, 2020). In the case of migrants/refugees sexual violence survivors, a primary function of NGO advocacy is to mitigate the fear of deportation, which Belanteri et al. (2020) identify as a major obstacle to survivors accessing clinical care. By providing counseling on medical confidentiality and rights, NGOs facilitate the “trust-building” necessary for survivors to engage with the system. GREVIO (2023) emphasizes the crucial role of specialized NGOs in assisting victims of sexual violence and calls for the Greek state to ensure their financial sustainability to maintain these vital coordination services.
- **Targeted Support for Vulnerable Groups:** NGOs often bridge the gap in coordinating services for survivors facing multiple layers of discrimination, such as migrant or refugee women, ensuring their rights are upheld under the latest EU mandates (Directive (EU) 2024/1385; FRA, 2019). This specialized coordination must also address the “mandatory training” needs for professionals to ensure that referral pathways for migrant and Roma women are culturally and trauma-sensitive (GREVIO, 2023).

## 7.4. Forensic and Protective Synchronization

A high-stakes technical component of case management is the link between clinical evidence and judicial protection.

- **Forensic Admissibility:** Coordination must ensure that forensic medical examinations follow standardized procedures to be admissible in criminal proceedings (Forensic Science Regulator, 2025; World Health Organization [WHO], 2003). In Greece, this requires direct coordination with the 15 authorized Forensic Services (Ministry of Justice, 2022). Synchronization must account for “delayed presentations”; with a median delay of five days for incidents within Greece (Belanteri et al., 2020), forensic and medical protocols must be decoupled from mandatory police reporting to ensure victims receive care regardless of their legal status or immediate readiness to prosecute (GREVIO, 2023).
- **Police-Led Protective Measures:** Following UN guidelines for gender-responsive policing, case managers coordinate with specialized “Offices for Addressing Domestic Violence” of the Hellenic Police to implement protective measures, such as the “Panic Button” application (UN Women & UNODC, 2021; Hellenic Police, n.d.). These measures must be inclusive, recognizing that all survivors, including the 8.3% of men identified in Greek specialized clinics (Belanteri et al., 2020), require synchronized safety planning and protection from further harm.

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## 8. Other Support Services (in Greece)

The holistic support of a survivor within a Sexual Assault Referral Centre (SARC) does not terminate with the medical examination; rather, it is completed through effective networking with the national ecosystem of psychosocial, legal, and law enforcement services. In Greece, this network ensures the long-term safety and social reintegration of the survivor. However, the Greek support landscape has historically been characterized by systemic fragmentation and a lack of unified strategic coordination—a state often described as an “uncoordinated” emergency response environment (Kotsiou et al., 2018). The SARC model aims to bridge these gaps, transforming a fragmented system into a cohesive protection pathway.

### 8.1. The Panhellenic Network against GBV

The national network of Counseling Centers and Shelters serves as the central pillar for free support provided to women survivors of violence across the country.

- **Structure and Access:** The network comprises 14 Counseling Centers operated by KETHI, 32 Municipal Counseling Centers, a central unit and a 24hr helpline of the General Secretariat for Equality and Human Rights (GSEHR) (KETHI - Research Centre for Gender Equality, n.d.; Ministry of Social Cohesion and Family Affairs, n.d.; womensos.gr, n.d.).
- **Specialized Services:** These structures provide free psychosocial support, legal counseling, and employment aid from a gender-informed perspective (KETHI - Research Centre for Gender Equality, n.d.).
- **Confidentiality:** All services are covered by counseling confidentiality and are addressed to any woman suffering from violence or multiple discrimination (KETHI - Research Centre for Gender Equality, n.d.).

### 8.2. Analysis of Specialized Helplines (24-hour Basis)

Telephonic support lines constitute the critical first line of defense, providing immediate crisis intervention and guidance.

- **SOS Helpline 15900:** This is the primary 24-hour line of the GSEHR for women survivors of violence, offering immediate information and telephone counseling (womensos.gr, n.d.).
- **Social Aid Line 197 (EKKA):** It provides emergency psychological support and has the capacity to mobilize immediate social intervention mechanisms in the field (EKKA - National Centre for Social Solidarity, n.d.; Ministry of Health, n.d.).

- **Suicide Intervention Line 1018:** Specializing in suicide prevention, it supports individuals experiencing self-destructive behaviors or states of despair (Klimaka, n.d.).
- **National Psychosocial Support Line 10306:** Offers 24-hour psychosocial support for mental health issues such as panic attacks and grief, with the possibility of referral to Mental Health Centers (10306.gr, n.d.).
- **Helpline 11528:** Serves as a specialized channel for psychological support for LGBTQI+ individuals, their families, and educators regarding identity and discrimination issues (11528.gr, n.d.).

### 8.3. Expanded Analysis of NGO Services

NGOs in Greece offer specialized services that complement the state network, often focusing on particularly vulnerable groups.

- **Legal and Psychosocial Support:** The “Diotima” Center offers specialized legal aid and support services to survivors of gender-based violence (“Diotima” Center for Women’s Studies and Research, n.d.).
- **Housing and Social Integration:** The organization “NOSTOS” Social and Cultural Support Association for Repatriated Ethnic Greeks (n.d.) implements housing and support programs for individuals belonging to vulnerable social groups (LGBTQI+ people, refugees, unaccompanied children) to ensure basic safety post-crisis.
- **Holistic Assistance:** The European Network Against Violence provides information and connects survivors of domestic violence to service structures (European Network Against Violence, n.d.).
- **Professional Empowerment:** Y.W.C.A. of Greece (n.d.) focuses on the social and professional counseling of women, as well as providing housing for young women.
- **Protection of Motherhood and Children:** NGOs “Asterodeia” and the “Vges sto Fos” association focus on the protection of motherhood and abused children, providing services ranging from medical care to financial aid (Asterodeia, n.d.; vgesstofos.gr, n.d.).
- **Local and Specialized Action:** The “the “Union of Women Associations of Heraklion Prefecture” provides localized support, legal counseling, and a shelter in Crete (kakopoiisi.org.gr, n.d.), while “Erifyli” and “Protovoulia Prolipsi” Programme of the Holy Archdiocese of Athens focus on empowerment and prevention through awareness and education (“Erifyli” Center for the Management of Gender Inequalities, n.d.; Women’s Affairs Service of the Youth Foundation of the Holy Archdiocese of Athens, n.d.).

## 8.4. Law Enforcement and Forensic Services

- **Hellenic Police:** Domestic violence is prosecuted ex officio. Citizens can call **100** or send an **SMS to 100** in case of danger, and the use of the “**Panic Button**” app is encouraged for the immediate alert of authorities (Hellenic Police, n.d.).
- **Medical Coordination:** The initial police or social response is often supported by the EKAV National Medical Emergency Service, which follows specialized pre-hospital protocols for trauma and emergency response (EKAV National Medical Emergency Service VET, 2017).
- **Forensic Services:** The 15 official services of the Ministry of Justice are the only competent bodies for conducting the official examination required for criminal proceedings in Greece (Ministry of Justice, 2022). Integrating these services into the SARC framework is facilitated by the current “critical momentum” and professionalization of emergency medicine in Greece, which advocates for higher clinical standards and standardized care pathways (Tsiftsis et al., 2024).

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## PHASE D: RECOVERY & OVERSIGHT

### 9. Safe Accommodation

Safe accommodation is the structural safety net that allows a survivor to begin the transition from crisis to long-term recovery. In a holistic referral model, the SARC acts as the immediate “triage hub”, which must have pre-established, 24/7 referral pathways to specialized emergency and transitional housing.

#### 9.1. The “Bridge” from SARC to Shelter

A survivor’s journey does not end with the forensic examination. Holistic centres must bridge the gap between clinical intake and physical safety.

- **Emergency Triage:** Following the NHS England (2018) service specification, SARCs are required to have formal referral protocols for emergency housing. If a survivor cannot return home due to immediate risk of harm, the SARC must facilitate an immediate “safe transfer” to an emergency shelter (Archway, n.d.; NHS England, 2018).
- **The Greek Context:** For structures in Greece, this involves direct coordination between the SARC and the KETHI/Network of Structures shelters. Referral should follow the EKKA (2021; 2023) Standard Operating Procedures to ensure that the survivor’s case management is transferred securely and confidentially.

#### 9.2. Standards for Safe and Specialized Housing

Safe accommodation must be more than just a bed; it must be a “specialist support service” as defined by the **WAVE Network (2021)**.

- **Security Protocols:** Shelters must have high-level physical security and undisclosed locations to protect against reprisal violence. Following UN Women, UNFPA, & WHO (2015) standards, staff must be trained in trauma-informed security to prevent the shelter from becoming a site of secondary trauma.
- **Confidentiality:** The location of the shelter must remain strictly confidential. In alignment with Directive (EU) 2024/1385, information sharing between the SARC and the shelter must be limited to the minimum necessary for safety and care planning (European Union, 2024; WAVE Network, 2021).

### 9.3. Inclusive Accommodation for Marginalized Groups

A “one-size-fits-all” shelter often excludes the most vulnerable women.

- **Refugee and Migrant Women:** Following the EODY (2023) and UNFPA (2005) protocols, shelters must provide linguistically accessible services and ensure that the survivor’s immigration status does not bar them from safe housing (EODY, 2023; UNFPA, 2005).
- **LGBTQI+ Survivors:** To be truly inclusive, referral structures must partner with LGBTQI+-affirming providers. As emphasized by GCRC (2021) and Rape Crisis Scotland (2024), trans and non-binary survivors must be housed in environments that respect their gender identity and ensure their physical safety (GCRC, 2021; Rape Crisis Scotland, 2024).
- **Survivors with Disabilities:** Accommodations must meet universal design standards, including physical accessibility and specialized communication aids, as highlighted by the FRA (2019).

### 9.4. Transitional and Long-Term Housing Solutions

The SARC’s responsibility includes ensuring the survivor is referred to services that address long-term housing stability.

- **Transition Planning:** According to **Rape Crisis England & Wales (2024) standards**, case management includes helping survivors navigate social housing applications or rent assistance to prevent homelessness-driven returns to abusive environments (Rape Crisis England & Wales, 2024).

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## 10. Long-term Psycho-social Support and Counselling

The provision of immediate crisis intervention must transition into a sustained, long-term psycho-social support framework. A Rape or Sexual Violence Referral Centre (SARC) serves as the primary hub for these services, ensuring that “holistic” care does not terminate upon the conclusion of the forensic medical examination.

### 10.1. Transition from Crisis to Long-Term Therapeutic Care

Long-term support is defined as specialized assistance extending beyond the initial 72-hour crisis window.

- **Specialized Trauma Therapy:** Survivors must have access to evidence-based interventions, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) or EMDR. According to the Rape Crisis Scotland (2024) standards, this support should be available for as long as the survivor deems necessary, recognizing that recovery is non-linear and trauma can resurface during legal proceedings (Rape Crisis Scotland, 2024).
- **The Clinical Pathway:** In accordance with the Scottish Government (2022) clinical pathway, the SARC must coordinate a “warm handover” to community-based psychological services, preventing survivors from being lost in administrative gaps (Scottish Government, 2022).

### 10.2. Psycho-Social Advocacy and the Justice Journey

Recovery involves social and legal reconstruction, which can take years.

- **Extended Advocacy and ISVA Support:** The role of the Independent Sexual Violence Advisor (ISVA) is essential for long-term stabilization. ISVAs provide “case management” that includes supporting the survivor through the criminal justice process. Following NHS England (2018) specifications, this includes court preparation and mitigating the stress of “justice-related” re-traumatization (NHS England, 2018; Rape Crisis England & Wales, 2024).
- **Peer Support Mechanisms:** Evidence from the WAVE Network (2021) suggests that peer-led groups are vital for reducing social isolation and self-blame (WAVE Network, 2021).

### 10.3. Intersectionality in Long-Term Recovery

Long-term support must address the specific barriers faced by marginalized groups.

- **LGBTQI+ Survivors:** Long-term counselling must be gender-affirming. As emphasized by Glasgow and Clyde Rape Crisis (2021), therapy must be safe from heteronormative bias and address the potential for hate-crime-related trauma (GCRC, 2021).
- **Migrant and Refugee Women:** For survivors in Greece, psycho-social support must include integration assistance. Following the EODY (2023) and UNFPA (2005) protocols, this includes legal assistance regarding residency status, which is often a primary source of long-term anxiety (EODY, 2023; UNFPA, 2005).
- **Social Empowerment:** Long-term support should include referrals to vocational training. This is a “promising practice” identified by UN Women (2015) to ensure economic independence (UN Women, UNFPA, & WHO, 2015).

## 10.4. Measuring Long-Term Outcomes

- The MESARCH Evaluation: Following the methodology of the **MESARCH** (Multi-disciplinary Evaluation of Sexual Assault Referral Centres) evaluation, centres should track “wellness indicators” over a 12-to-24-month period to ensure that psycho-social support is effectively reducing chronic PTSD and improving quality of life (Lundy & Ford-Gilboe, 2024).

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## 11. Evaluation and Quality Assurance Frameworks

The establishment of currently missing rape and sexual violence referral centres (SARCs) must be underpinned by a dual evaluation strategy: **Clinical/Forensic Excellence** and **Survivor-Centered Outcomes**. Evaluation is not merely a retrospective tool but a proactive quality assurance mechanism that ensures the “holistic” promise translates into measurable safety and recovery for women.

### 11.1. The Paradigm Shift: From Justice Gap to Holistic Wellness

Historically, specialized services were evaluated through the lens of the “justice gap” - the attrition rate between police reporting and conviction. However, in alignment with Directive (EU) 2024/1385 (2024), modern evaluation frameworks must shift toward “survivor-centeredness”. This shift is necessitated by the current failure of general hospital settings in Greece to provide specialized, trauma-informed care (GREVIO, 2023). Success must be measured against the system’s ability to reduce the median delay of five days currently observed before survivors assaulted within Greece reach medical facilities (Belanteri et al., 2020).

- **Key Metric:** The ratio of self-referrals vs. police referrals. A high self-referral rate indicates high community trust and the successful implementation of the “right to confidential support” (Rape Crisis England & Wales, 2024).

### 11.2. Technical and Clinical Quality Standards

To support the right of self-referral, a SARC must demonstrate technical parity with forensic services used by law enforcement.

- **Forensic Medical Examination (FME) Audits:** Centres must be evaluated against the Forensic Science Regulator (2025) standards (FSR-GUI-0020 v2). This includes auditing “clean room” protocols to ensure that DNA samples collected in a self-referral capacity remain legally viable for future prosecution (Forensic Science Regulator, 2025). Additionally, audits must specifically monitor whether SARCs effectively mitigate the centralization of forensic services in Greece, which currently leaves victims in remote or insular areas with limited access to expert forensic physicians (Belanteri et al., 2020; GREVIO, 2023).
- **Clinical Governance:** Medical interventions, particularly the administration of Post-Exposure Prophylaxis (PEP), must be audited against the EODY (2022) guidelines. Evaluation should track the “time-to-medication” interval, ensuring survivors receive care within the optimal 2-to-4-hour window (WHO, 2020; EODY, 2022). A critical KPI is the implementation of

a systematic recording and extraction system for GBV data, addressing the current failure in Greek hospitals where such data is recorded in social histories but cannot be extracted for policy use (GREVIO, 2023). Furthermore, audits must account for the reality that currently only 10.3% of survivors in precarious settings reach care within the 72-hour PEP window (Belanteri et al., 2020).

- **National Clinical Benchmarking:** Beyond international protocols, SARC evaluation in Greece must be situated within the current “critical momentum” of professionalizing emergency medicine. Quality assurance frameworks should align with the emerging national standards for specialized acute care, ensuring that SARC clinicians operate at the forefront of medical excellence (Tsiftsis et al., 2024).
- **Accreditation:** New structures should strive for **UKAS accreditation** or its European equivalent, which provides an external, independent audit of the facility's environment, personnel training, and confidentiality firewalls (UKAS, n.d.).

### 11.3. Survivor-Defined Success: The MESARCH Model

Evaluation must move beyond the “immediate crisis” phase to track long-term recovery.

- **Longitudinal Wellness:** Following the MESARCH evaluation (Lundy & Ford-Gilboe, 2024), SARCs must implement follow-up mechanisms to measure a survivor's mental health, social reintegration, and perceived safety 6 to 12 months post-incident.
- **Control and Agency:** In line with Rape Crisis Scotland (2024) standards, a primary evaluation indicator is whether the survivor felt “in control” of the process. This is assessed through anonymous feedback loops that specifically ask if the survivor felt pressured by SARC staff to report to the police (Rape Crisis Scotland, 2024). Building this agency is essential to overcome the fear of deportation and the lack of information that currently act as major barriers to care (Belanteri et al., 2020). Furthermore, prioritizing survivor control aligns with the GREVIO mandate to decouple medical care from mandatory judicial reporting (GREVIO, 2023).

### 11.4. Inclusivity and Accessibility Audits

Evaluation is incomplete if it does not account for the barriers faced by marginalized groups.

- **Accessibility Indicators:** Following EIGE (2017) and FRA (2019) standards, data collection must be disaggregated by disability, ethnicity, migrant status, and gender identity. Evaluation must track the inclusion of male survivors, who represent approximately 8.3% of those seeking specialized care in Greek refugee settings (Belanteri et al., 2020). This ensures compliance with the “strong urge” for inclusive geographical coverage (GREVIO, 2023).

- **Geographical Equity Audits:** For the Greek context, evaluation must specifically monitor whether the SARC successfully mitigates the historical “fragmentation” of the national emergency system. Success indicators must track whether survivors from diverse or remote locations receive the same quality of coordinated care, ensuring that the “Aeolus” bag of winds” - the uncoordinated nature of traditional emergency responses - does not compromise service delivery (Kotsiou et al., 2018). This is a response to the “strong urge” by GREVIO (2023) for Greece to establish specialized structures in sufficient numbers to ensure adequate geographical coverage.
- **Linguistic and Cultural Competency:** Evaluation must include audits of interpreter usage, adhering to EODY (2022) protocols and FRA (2019) standards. This addresses the critical lack of specialized trauma-informed interpretation in Greece that often forces survivors to withdraw from the referral chain (Belanteri et al., 2020; FRA, 2019; GREVIO, 2023;).

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## Final thoughts

These Guidelines converge on one central answer to the question “how should Greece set up effective rape/sexual violence referral structures”? The country needs to switch from fragmented, multi-stop pathways (hospital → police → forensic services → psychosocial care) to a specialized, survivor-centered “one-stop-shop” model that provides medical care, forensic examination, trauma support, and counseling in a single safe place. This should be done while decoupling clinical care from mandatory judicial reporting.

### Build SARCs that work without having to force people to tell the truth or go to court

The Greek SARC model must be based on accessibility, safety, confidentiality, and survivor autonomy. In practice, this means that forensic access should not depend on filing a police report, and services must be set up so that survivors can get care by referring themselves and stay in charge of what happens next, especially when fears of deportation, stigma, or lack of information keep them from seeking care.

This change is not just a symbol. It directly talks about the current situation in Greece that is described in the document: survivors are often put in many different, non-specialized settings, which raises the risk of re-traumatization and dropping out of services.

### Time-critical access: make the system work faster and keep the “first window” safe

The Guidelines stress that the referral structure must be designed to cut down on delayed presentation and put a premium on quick access. This is especially important because, in dangerous parts of Greece, only a small number of survivors get to services within the crucial 72-hour window (and reports of median delays of about five days have been made).

Operationally, this necessitates enhanced pre-hospital coordination and secure transfer protocols, along with well-defined triage pathways to specialized services instead of improvised emergency responses.

### Case management is the “connective tissue” that keeps survivors from getting lost

The most useful conclusion about systems in the document is that SARCs can't work on their own. Case management must function as the active mechanism that converts isolated clinical/legal interventions into a continuous survivor-centred journey—preventing survivors from falling into administrative gaps and reducing secondary victimization caused by repeatedly navigating complex institutions.

## Use Greece's current entry points and networks as a base, and then combine them into one pathway

A workable Greek roadmap must combine SARCs with the existing national ecosystem, using “centralized entry points” and “warm handovers”:

- SOS Helpline 15900 as a main way to sort and send women to the right place, with targeted outreach to help marginalized groups get past information barriers.
- EKKA Line 197 for emergency social intervention and field mobilization when a quick psychosocial response is needed.
- The public network run by the General Secretariat for Equality and Human Rights, which includes Counseling Centers and Shelters, is the long-term psychosocial and legal support layer that keeps things stable. It is connected to SARCs so that survivors don't have to tell their story over and over again.

The strategic point is integration: Greece doesn't need “one more service”. It needs a “orchestrated pathway” where each node has a specific job to do and survivors see the system as “one coherent response”.

## Safety management needs to be based on evidence, standardized, and open to everyone

As part of their ongoing safety planning and inter-agency coordination, SARCs must include risk assessment and risk management. This means using standardized tools like DASH to cut down on the need for subjective judgment and making sure that there are clear rules for high-lethality indicators, such as non-fatal strangulation.

Safety planning becomes even more important for survivors who choose not to involve the police and self-refer. It must be led by the survivor while respecting their decision to keep things private.

## Recovery isn't just a “add-on”; long-term support and advocacy must be built into the system

The Guidelines make it clear that recovery is not a straight line and will take a long time. As long as survivors think it's necessary, SARCs must make sure that psychological care continues, coordinate warm handovers to community services, and include psycho-social advocacy throughout the justice process (including extended ISVA-type support and peer mechanisms).

Long-term care must also be intersectional (for example, support for LGBTQI+ survivors that affirms their gender and support that helps migrant and refugee survivors deal with anxiety about their legal status and residency).

## To measure success, go beyond “justice metrics” and look at outcomes and service quality that survivors set for themselves

Evaluation must encompass the immediate crisis phase and incorporate longitudinal wellness outcomes (6–12 months and beyond), utilizing frameworks such as the MESARCH evaluation approach and monitoring whether the survivor perceived in control and unencumbered by pressure to report to law enforcement.

Quality assurance should also include audits of forensic viability for self-referrals (including “clean room” protocols), clinical governance indicators (e.g., time-to-medication for interventions such as PEP, aligned with national guidance), inclusivity/accessibility audits with disaggregated data, and accreditation-oriented external scrutiny.

## Overall Conclusion

In short, the Guidelines point to one clear direction for reform: establish SARCs in Greece in enough numbers and in enough places so that they are part of a coordinated national pathway that is survivor-centered, confidential, accessible, and operationally integrated with existing helplines, emergency social intervention, and longer-term psychosocial/legal support structures.

A Greek SARC system works when it makes one difficult thing easy: a survivor quickly gets to safe specialized care, gets medical and forensic services without being forced, smoothly moves into long-term support, and has control at every step —while the state gets a consistent, auditable, high-quality framework that finally replaces fragmentation with a reliable standard of care.