

## Summary

### Context

Sexual violence (SV) is a major public health, judicial and societal concern in Belgium. Previous studies have shown that 11% of male and 36% of female Belgian citizens and up to 32% of male and 56% of female migrants in Belgium have experienced SV. Yet, a comparative and representative study of SV in Belgium covering all ages, genders, sexual orientations and legal statuses was still lacking. Moreover, previous studies mostly apply a dichotomous view focussing solely on female victims and male assailants.

Extensive research has demonstrated that SV may induce long lasting sexual, reproductive, physical and mental ill-health in victims, but may also potentially harm the victim's peers, offspring and community. People who were directly or indirectly exposed to violence during childhood, are susceptible to subsequent (re)victimization, perpetration and to maladaptive parental practices, which contributes to the intergenerational transmission of violence. However, the complex mechanisms behind this coping behaviour as well as the effectiveness of response measures to all genders and ages has not yet been studied.

Furthermore, judicial follow-up is important for victims in terms of recognition. In Belgium we are currently in a transition phase in which a variety of medical-judicial models are being applied e.g. Sexual Aggression Set (SAS) and Sexual Assault Care Centres (SACCs). Hence the necessity to conduct a Belgian representative prevalence SV study examining all vulnerabilities to victimisation and perpetration.

### Objectives

The general aim of the UN-MENAMAIS project was to contribute to a better UNDERstanding of the MEchanisms, NAture, MAgnitude and Impact of SV in Belgium, as well to generate policy recommendations and prevention and response strategies. We defined five core objectives:

- Objective 1: Map how citizens and migrant residents in Belgium aged 16 -100 years, with different sexual orientations, framed SV.
- Objective 2: Explore to what extent the research population has been exposed to sexual victimisation and perpetration since childhood. We studied experiences of victims, perpetrators, peers and family of different generations.
- Objective 3: Map indicatory pathways of how this exposure impacted the lives of victims, their family and peers and professionals they contacted for assistance.
- Objective 4: Map the historical social and technical construction of the SAS and its impact on current and future forensic sexual assault practices performed by professionals.
- Objective 5: Formulate recommendations for future policies and practices concerning SV in Belgium and provide sensitization script

### Methodology

This study was conducted by an interdisciplinary research consortium from Ghent University, ULiège and NICC, led by Prof. Ines Keygnaert. We applied a mixed method approach. We started with an extensive literature review. Moreover, we conducted a quantitative study in

which performed an online survey in a representative sample of > 5000 persons aged 16-69, face-to-face structured interviews with the same survey questionnaire in 513 older adults (70+) and 62 applicants of international protection and a Knowledge, Attitude & Practice Survey in 2031 medical doctors. In addition, we carried out a qualitative study in which we completed 158 in-depth interviews with victims of SV of different ages, genders, sexual orientations and legal statuses on the impact of SV and help seeking behaviour. Furthermore, we interviewed 50 healthcare professionals, law enforcement officials and 11 victims on forensic aspects of SV. Finally, we integrated our results into policy recommendations which were refined based on the Café Dialogue discussions during our final seminar. Throughout the whole project we applied a broad definition of SV, based on the WHO definition: “Any sexual act that is perpetrated against someone’s will, committed by any person regardless of their relationship to the victim, in any setting”.

## Results

### *Sexual violence in the Belgian population aged 16 to 69 years*

In people between 16 and 69 years, 64% (81% females and 48% males) experienced SV during their life. Two in five women and one in five men indicated to have been subjected to hands-on SV (with physical contact between the assailant and the victim) with 5% of men and 16% of women indicating to have been raped. In the past 12-months, 55% of women and 31% of men experienced some form of hands-off sexual victimization, 10% of women and 6% of men reported hands-on SV. Hands-on SV was linked to adverse mental health outcomes such as depression, anxiety, PTSD and suicide attempts. Most victims had not sought for help so far. Only 7% looked for professional help and 4% reported their victimisation to the police.

### *Sexual violence in older adults in Belgium aged 70 years and older*

More than 44% of older adults aged 70 and older (55% females and 29% males) experienced SV during their life. One in three women and one in six men indicated to have been subjected to hands-on SV, with 8% of women and 3% of men indicating (attempted) rape. Moreover, one in 12 older adults (8%) said they had been victimised in the past 12 months: 7% reported hands-off, 2.5% hands-on SV and 0.6% (attempted) rape. Women and men were equally victimised at this age.

Older victims continue to cope with mental health problems, such as depression, anxiety, PTSD and hazardous alcohol use, as a result of SV earlier in life. Less than half of the older victims had ever talked about their experience, 6% sought professional help, and only 4% reported the violence to the police.

### *Sexual violence in minorities in Belgium*

80% of LGBTQIA+ persons were exposed to any type of SV; 79% experienced hands-off SV (e.g. sexual harassment, forms without physical contact between the assailant and the victim) and 42% hands-on SV, of which 24% concerned (attempt to) rape. Moreover, 68% of LGBTQIA+ persons were exposed to SV in the past 12-months.

For applicants of international protection residing in Belgium victimisation rises to over 84%, in 61% this happened in the last 12 months when they were already in Europe or Belgium. Both LGBTQIA+ persons and AIPs reported even more barriers to seek help or report the SV to the police compared to the general population.

#### *Forensic responses to sexual violence in Belgium*

The majority of doctors (70%) working in Belgium have seen at least one victim of SV during their career. However, victims usually come forward after several years.

In terms of forensic responses, we are currently in a transitional phase in which different forensic models are being implemented, such as the SAS and the SACCs. Regardless of the forensic model, victims are systematically confronted with secondary victimisation due to the long judicial process about which they get little information. Often their victimisation is also not recognised because of the judicial logic, which implies the use of specific means of evidence, and for which forensic evidence is not always sufficient. Finally, in general, there is a clear lack of forensic doctors to carry out all the forensic tasks that would allow the best results to be obtained for the judicial investigation and, ultimately, to contribute to the optimal care of the victims.

#### **Main conclusions**

Sexual violence is prevalent in Belgium and affects people of all ages, genders, sexual orientations and legal statuses. Being sexually victimised is linked to worse mental health outcomes across the life course. Moreover, victims find it difficult to seek help and to report to the police.

Furthermore, doctors are not sufficiently aware of the care they should provide, nor of the potential impact of a forensic examination and do not systematically refer victims of sexual violence to adequate care, forensic or legal authorities. Regardless of the forensic model considered, victims find it difficult to gain recognition from the courts because of the judicial logic, which involves specific principles of proof and for which forensic evidence is not always sufficient.

Based on these findings, we formulated policy recommendations which can be consulted [here](#).

Keywords: sexual violence; prevalence; help-seeking behaviour; Belgium; impact