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Prevention of sexual violence and sexual harassment in Belgium

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Abstract

Sexual violence is rampant in Belgium with 81% of female and 48% of male inhabitants having reported to be sexually victimised ever in their life (Keygnaert et al, 2021). Few people disclose their victimisation or aggression to others, only 7% sought formal help and only 4% reported to the police. Adequate terminology and research methods have been key to be able to uncover such a vast amount of victimisation as well as people denouncing they have been sexually aggressive towards others themselves. In order for people to feel involved and that prevention initiatives (should) also address them, it is essential they grasp the variety of forms in which sexual violence can be manifested, and that everybody can be directly or indirectly exposed to it. To exemplify on how this is aimed for, I present some Belgian good practices. Belgium has a very complex political structure with different ministries having responsibilities to prevent and respond to sexual violence, which hampers a streamlined and coherent implementation of effective prevention actions. Yet we do have a specific federal Secretary of State for Gender Equality, Equal opportunities and Diversity who is in charge of the Belgian National Action Plan on gender-based violence as well as a Belgian Equality Body that exclusively deals with gender issues including sexual violence.

In this comments paper I firstly elaborate on terminology and research approaches and relate back to the Danish discussion paper on this matter. Subsequently, I present sexual violence prevalence findings and some good practices of prevention initiatives and policies in Belgium comparing them to both the Danish and Dutch discussion paper, immediately discussing transferability. I end with some recommendations I would like to elaborate further upon during the Copenhagen meeting.

1. Sexual violence: what's in a word?

1.1 Sexual harassment, violence or transgressive behavior?

Depending on the perspective one is taking, different definitions of sexual violence are used. We have broadly three perspectives : the factual one, describing the sexual acts that a person was subjected to- e.g. anal rape; the relational one, taking the motive of the aggressor and/or the relation between the aggressor and the victim into account – e.g. incest and thirdly, the societal or legal one in which the acts, the motive and the relationship are put into context and to which a taxation of acceptability, legal

transgression and adequate response action from society is given- e.g. a crime with should be sentenced with at least 10 years of imprisonment (Keygnaert et al 2018).

Currently, from a public health perspective, even within a multidisciplinary partnership in prevention, response and care, it has been argued to use the most recent WHO definition (2015) which defines sexual violence as:” Every sexual act directed against a person’s will, by any person regardless of their relationship to the victim, in any setting “.Sexual violence can manifest in many ways, both online (e.g. behind a webcam or through a mobile phone) and in each other's physical presence. It can occur with or without physical contact. For care, policy and research purposes we have further categorised this based on whether there was physical contact between victim(s) and aggressor(s) (Keygnaert et al 2021 & 2022):

Hands-off sexual violence (no physical contact between victim(s) and aggressor(s))

1. **Sexual neglect:** A failure to provide privacy, disrespecting someone's sexual orientation or gender identity, considering someone asexual (e.g. older adults) or preventing someone from expressing their sexuality.
2. **Sexual harassment:** This primarily includes verbal harassment such as unwanted sexual invitations, unwelcome sexual attention, requests for sexual contact, sexual comments or the threat of a sexual act to achieve another goal. In addition, sexual harassment also includes being forced to undress (e.g. in front of a webcam) and be watched in undressing, being forced to watch someone who is naked, having sex or masturbating, being forced to watch nude photos (e.g. *dick pics*) or pornographic material. Taking nude photographs of a sexual nature of a person against their wishes, as well as, for example, distributing or sharing those images without that person’s consent is also considered sexual harassment.

Hands-on sexual violence (there is physical contact between victim(s) and aggressor(s))

1. **Sexual assault:** In case of sexual assault, there is physical contact but no penetration. For example, it involves unwanted groping of the groin, the penis, the vagina, the buttocks, the breasts, or the inside of the buttocks. It may also involve the intentional caressing or rubbing of a sexual organ against the body of someone who does not want this. For example, shoving breasts in someone's face or rubbing the penis up against someone on public transport.
2. **Attempted rape:** Attempted rape involves forced or unwanted contact between the penis, an object, finger or hand of the perpetrator and a body orifice (the vagina, anus, mouth or other body opening) of the victim without penetration.
3. **Rape:** Rape is any act of sexual penetration of any kind and by any means, of the body orifice of a person against their wishes, who refuses or is unable to give consent.

This classification is in line with international research evidence (see *infra*) and encompasses many forms of sexual violence that are now more current due to our online connections that have been intensified over the past years. It stems from the factual perspective describing what has happened without attributing legal

consequences, blame or guilt to it which has been proven to help identification in all people involved. Hence from a research and care approach we apply this definition. Yet, Belgian media and civil society organisations have come to use “sexual transgressive behaviour (STB)” more generally now, as they often assume that STB is the behaviour that was displayed and considered unacceptable by a victim without the aggressor having had the intention of harming a person, while sexual violence is behaviour that was meant to harm. We do not follow this in our research and publications, but agree that for the general society it can be perceived as less judgmental which enables sensitisation and help-seeking behaviour.

1.2 Impact of used terminology in research findings

Sexual violence is rampant in Belgium. This is what the first representative age and gender-sensitive study on sexual violence in Belgium has shown mid-2021. This study is called “UN-MENAMAIS: Understanding the Mechanisms, Nature, Magnitude and Impact of Sexual Violence in Belgium”. In order to get the best possible insight in the nature and magnitude of sexual violence in Belgium in people of age 16 to 100 years old, of different genders, sexual orientations and cultural backgrounds we used a mixed method approach and applied behaviourally specific questions (BSQs) as is recommended by global sexual violence research experts. BSQs describe incidents from the factual perspective and leave little to no interpretation to the respondent. Hence, we did not ask: “*Have you ever been raped?*”, yet we gave a list of behaviours that can be classified as rape, for example for anal penetration: “*Someone put a penis, finger(s) or object(s) into my anus against my will.*” As brought up in the Danish paper, if you ask if someone was subjected to sexual harassment, it only provides info on the fact that the respondent considered what happened as sexual harassment, but we have no further information of what exactly happened and whether other people would also consider it sexual harassment. This is strongly linked to people’s adherence to rape and gender-based violence myths and leads to underrepresentation. This also leads to many difficulties in (inter)national comparison of prevalence findings. Furthermore, it’s well documented that both people who have been victimised as well as those who have been sexually aggressive towards other persons that they report less incidents if you use umbrella terms as harassment, assault, rape compared to asking whether they were involved in a certain sexual act (Peterson et al 2007; Krahe et al 2015; Schapansky et al 2021 and 2022) . If we want to have a good grasp of the nature and magnitude of sexual violence in the EU, it is thus needed to use BSQ as the standard.

Another pivotal element in the definitions and questions used to measure sexual violence regards the notion of consent. Research has evidenced that more people respond positively to the occurrence of a sexual violence incident if “against your will” and “while I did not want it to happen” is used rather than “without my consent” (e.g. Abbey et al 2011 and 2021, Peterson et al 2007 and 2020,...). The latter is more linked to coercion strategies and people’s ideas of how consent is actively or passively communicated which again leads to misinterpretation and underreporting. This is hence a second recommendation I would like to forward for our debate on accurate measurement of different forms of sexual violence, e.g. sexual harassment.

2. Prevalence of sexual violence in Belgium

2.1 Prevalence in the general population aged 16-69 years

The UN-MENAMAIS study demonstrates that 64% of Belgian inhabitants aged 16 to 69 indicated to have experienced some form of sexual victimisation in their lives (81% of women and 48% of men). Moreover, 44% were sexually victimised in the past 12 months. Lifetime prevalence: About four in five women (78%) and two in five men (41%) reported some form of hands-off sexual victimisation. Hands-on victimisation was reported by two in five women (42%) and one in five men (19%). For 19% of the women and 5% of the men this hands-on form of sexual violence regarded rape. Past-year prevalence: More than half of women (55%) and a third of men (31%) experienced some form of hands-off sexual victimisation in the past 12 months and 10% of the women and 6% of the men hands-on victimisation. Only 7% sought formal help and 4% reported to the police. (Keygnaert et al 2021, Schapansky et al 2021)

2.2 Prevalence in older adults aged 70+

What is important to emphasise and what is globally overlooked in sexual violence research is that sexual violence continues into old age. One in 12 older adults (8.4%) in Belgium experienced sexual violence in the past 12-months, 7% experienced hands-off sexual violence, 2.5% hands-on and 0.6% reported (attempted) rape. Females and males were equally victimised in the past 12-months prior to their participation in the study. The majority of older victims (60%) never disclosed their sexual violence experiences and 94% never sought professional help (Keygnaert et al 2021, Nobels et al 2021).

2.3 Prevalence in LGBTQIA+

LGBTQIA+ persons were more exposed to sexual violence than non-LGBTQIA+ persons: 80% was exposed to any type of sexual violence; 79% experiences hands-off sexual violence and 42% hands-on sexual violence, of which 24% concerned (attempt to) rape. LGBTQIA+ persons who identified as belonging to a minority group and who experienced minority stress reported significantly more sexual violence exposure. 43% of LGBTQIA+ victims did not tell anyone about the sexual violence they experienced; 90% did not seek any professional help upon sexual victimisation. (Keygnaert et al 2021, De Schrijver et al 2022)

2.4 Prevalence in applicants for international protection

As for of applicants for international protection: 84% indicated to have ever been exposed to sexual violence and 61% of them were exposed to sexual violence in the past year. Most of the victims were already residing in Belgium at that moment. No significant difference could be found between female and male victimisation in applicants of international protection. (Keygnaert et al 2021, De Schrijver et al 2022).

3. Belgian policy context compared to Denmark and the Netherlands

Belgium has a very complex political structure with different Ministers and Secretaries of State being responsible for the prevention of and response to some forms of sexual violence at federal as well as regional level. Federal decisions apply to the full country, while regional authorities have extensive independent competencies of decision-making that only apply to their specific region. This means that the federal Secretary of State for Gender Equality, Equal opportunities and Diversity is in charge of sexual street harassment while a regional Minister is in charge of preventing sexual harassment in for example the sports, culture, education or media sector. This fragmentation actually hampers the implementation of streamlined, coherent and effective prevention and response policies.

Yet in order to overcome this fragmentation, and in accordance with Denmark, a new Belgian National Action Plan on gender-based violence has been adopted for 2021-2025, encompassing and agreed upon all governmental levels. It deals intensively with sexual violence and has been developed in close collaboration with civil society organisations, sexual violence services and experts and is inspired on the Istanbul Convention aiming to engender a cultural change by prevention campaigns, capacity building, research and improvement of judicial access and response and care provision to victims as well as (potential) offenders. Yet, it has to be mentioned that given all this consensus building, the actual goals remain rather vague and the evaluation of its results is difficult to assure.

By appointing a specific federal Secretary of State on gender equality, equal opportunities and diversity, Belgium goes somehow further than the Dutch governmental commissioner. The Secretary of State passes legislation, is the official representative of the Belgian Government for these issues, works closely with and strengthens civil society, adopts action plans and encourages other government members to take the gender aspect into account in their work.

In addition, Belgium has an equality body that exclusively monitors gender issues: "The Institute for Equality between Women and Men". For 20 years, victims of gender discrimination have been able to get support from the Institute; the Institute itself takes action to achieve cultural change, and weighs in on policy making, jurisprudence and the practice of employers and other relevant organisations.

Comparable to the Netherlands and Denmark, policy makers have been called upon and held accountable by Belgian society to drastically change policies and laws on sexual violence upon several incidents that stirred the society. This is however not new as Belgian society collectively started to protest upon several cases of child sexual abuse already in 1996 which lead amongst others to raising the organisation Child Focus on child sexual abuse and exploitation, more rights for victims of sexual violence, the development of a victim support services at justice, the reform of police, a federal prosecutor and the High council of Justice. Yet the Belgian law on sexual violence, remained very outdated and although a lot of lobbying of several

organisations and services, it took until a condemnation of the Belgian State by the European Court of human rights regarding a sexual violence case in 2017, for the High Council of Justice to formulate recommendations in how to change the law and make the prevention of and response to sexual violence in Belgium a top priority in 2019. In that same year a brutal rape and murder of a young girl stirred again public consternation which contributed to a new law on sexual violence that has entered into force as of June 2022 now encompassing online and offline and hands-off as well as hands-on forms of sexual violence with higher sentences, the absence of consent as being a core element, the consideration of incapacitated state as an aggravating circumstance and others.

Similarly, in November 2017 the first three Sexual Assault Care Centres were opened and piloted in Belgium. At the opening day media announced that a famous and adored Belgian tv entertainment figure was accused of sexual harassment of female colleagues. The Belgian Institute of Equality of Women and Men became a civil party in the lawsuit. At regular interval other sectors as in sports, dance, theatre followed with cases that got a lot of media attention fueling the debate on how to prevent and respond sexual harassment and sexual violence more broadly in the public and private sphere, urging several policy makers at different levels to come up with action plans, measures and policies.

One of the most recent examples of how public protest has led to prevention and response strategies are the multidisciplinary task forces against sexual violence that were installed in main Belgian cities as for example Brussels and Ghent, upon physical protest actions and online disclosing platforms as “#Balance ton bar” and “Meldit” when several victims disclosed having been victimised in Belgian bars once Covid restrictions were abandoned and immediately society reacted that it was enough, that also hands-off forms of sexual harassment should no longer be tolerated and that we needed a cultural change to install this asking for multidisciplinary approaches and hence city task forces.

4. Examples of good practices in prevention

In what follows I describe some examples of good practices of prevention of sexual violence in Belgium, yet I want to emphasise that these examples are by no means an exhaustive list of all actions being currently taken and should be seen as examples.

4.1 Examples of good practices addressing general society

Based on the Belgian National Action Plan on Gender-based violence, in 2022 a call for projects was launched called “as long as it’s needed” financing 48 initiatives of civil society organisations initiatives on sexual violence prevention and response for 1.1 million Euro.

In addition to the campaigns and trainings of horeca staff in main Belgian cities, the employment of “positive atmosphere guards” at festivals and in dancings or cafés as part of the many different strategies adopted by the city task forces, several cities are

encouraged to set up bystander trainings for which they can get a financial compensation by regional governments when having done so.

Sensoa, the Flemish centre of expertise in sexual health, has taken the initiative to organise a Platform on Sexual Transgressive Behaviour in Flanders as of 2019. The Platform connects representatives from Ministries as well as other governmental bodies having responsibilities on prevention of, response to and care upon STB in the Flemish Region with civil society organisations specialised in sexual violence, gender, sexual orientation and/or sexual health; sexual violence care services for victims as well as assailants; survivor organisations and academic experts. The platform convenes 4 times a year in which all members provide and discuss updates on initiatives taken or planned to prevent and respond to STB in Flanders, stimulating networking, streamlining and more coherence in the way STB is prevented and responded to in Flanders.

Examples of general sexual harassment and violence prevention campaigns in Flanders are for example “Everything okay? (Is’t oké?)” (2019) and “#WeTakeAction (#WijGrijpenIn)” (2021) both developed by Sensoa and partners to stimulate general awareness raising about own transgressive behaviour as well as becoming an active bystander:

- The “Everything Okay?” campaign aimed to encourage (young) people to think about what is okay sexual behaviour, to actively discuss it and check with the potential partner or with available bystanders. To this end the ‘Flirtertwister’ was developed consisting of 3 ‘wheels’ that one has to spin. 1 with a person (a stranger, a friend of a friend, ...) a behaviour (compliments your outfit, touches your behind, ...) and a context/time (while you are at a party with friends, when you are walking home alone at night, ...). This starts the conversation and makes it possible to talk about why things do or do not feel okay. It also shows that the others’ boundaries may be different than your own. There were different versions (for the overall public, for young people in school, ...) and it can be done online and is made into a material that teachers etc can order. The Flirtertwister was also played by duo’s of people who are well known in Flanders (actors, radio presenters, ...) and videos of this were promoted on social media. In addition there were 4 cards drawn by a famous Flemish artist portraying people asking each other for consent offering a peach/eggplant (the emoticons used for sexting). On the back of it was something people could cross off. Would you like to ... - go for a drink together, Netflix and chill, And a link to a self-test with questions to help reflect on own sexual behaviour towards others. The logo that was used was a text balloon with the words ‘Everything okay? - Not sure? Do the check!’. It was promoted through a popular tv show that focussed on social changes which lead to huge traditional and social media coverage.
- The #WeTakeAction campaign aimed to activate people to become active bystanders in 5 ways inspired by the 4D-bystander intervention strategies as developed in UK. It comprised a trainer of trainers taking away barriers that people consciously or unconsciously have and practicing the ways of intervening; a social

media campaign focussing on the 5 ways to be an active bystander with very short videos of people (famous and not famous) explaining how they intervened or how a bystander had helped them. Showing both how big of an impact it can make and how small or simple taking action can be. Several cities and organisations took up this campaign and made a locally branded version of it.

4.2 Examples of good practices at the work floor

For prevention and addressing sexual violence at the work force as well as in residential care organisations and education, Belgium disposes of the Sensoa Flag System© which is an evidence-based tool for assessing acceptable and unacceptable sexual behaviour. The Flag System is used to encourage healthy sexual development and to prevent sexual coercion. It guides its users in determining when certain sexual behaviour is acceptable and when other sexual behaviour should be restricted or forbidden, following objective criteria. It also provides professionals with guidelines on how to respond and helps them support people to experience their sexuality in a healthy way. The Flag system was developed 10 years ago for professionals working with children and young people. It is well known in sectors like Education, Residential settings within Child Protected Services, professionals working with young offenders, ... It is now translated in French, English and other languages. In 2021 the Sensoa Flag System was adapted for professionals working with adults; in psychiatric institutions, homes for people with disabilities, elderly homes, ... International and online roll-out is on the way. Info: www.vlaggensysteem.be, www.flagsystem.org.

Specifically for policy development in organisations there is the website of "Grenswijs.be" which helps to build a policy on three levels: Quality, Prevention and Reaction. It does so for sexual integrity but also bullying and aggression.

Recently, as a joined initiative of several Flemish ministers and coordinated by the Flemish Minister of Justice, a research project is set up to investigate how a common or more sector-specific reporting policy can be developed for organisations in sport, culture, media, health & wellbeing and education. It aims to create a change of culture in organisations whereby active professional bystandership is forwarded as a responsibility organisations have to take up towards their staff, volunteers, service users and this in prevention and response to transgressive behaviour with a large component on sexual harassment.

As a response to several media reports on sexual violence at Belgian universities and colleges at the end of 2021- early 2022, several Belgian higher education institutions sharpened their policies on dealing with different forms of sexual violence and are in addition to the already existing internal reporting bodies, investigating how a common reporting body for higher education can be installed. Within these multi-pronged approaches, prevention actions – mainly enhancing bystander capacity building- and sensitisation campaigns highlighting that universities stand for respectful relationships and have zero tolerance towards STB- form a considerable part.

4.3 Examples of good practices addressing victims, offenders and their support figures

Upon a feasibility study that I coordinated, we managed to pilot-test three Sexual Assault Care Centres in Belgium, one in Flanders, one in Brussels and one in the Walloon region of Belgium, between the end of 2017-2019. The SACCs provide holistic (forensic, medical and psychosocial care and long-term support as well as access to police reporting and justice) care to victims of sexual violence as well as their support figures. By early 2022 more than 5000 victims have sought help at one of the Belgian SACCs. Police reporting at the SACCs is high (3/4) and given the generally positive evaluation by victims, their support figures, care services, police and justice, the Belgian government has decided to consider this model as the standard and is working progressively towards a full national roll-out by early 2023. One of the main purposes of the SACCs is to provide holistic care in a very early stage which has also proven to prevent revictimisation or own aggressive behaviour. An evaluation of SACC data of 2017-2021 (Baert, Fomenko & Keygnaert, 2022) have shown that most of the victims are able to recover rather quickly, yet the longer the SACCs exist, the more we see that especially people with psychiatric vulnerabilities, disabled people and those with precarious legal statuses are still prone to revictimisation, hence specific actions to prevent this from further endangering them is urgently called for.

The website www.seksueelgeweld.be or www.violencessexuelles.be, offers quite some information on what to do when you are directly or indirectly confronted with sexual violence. It also provides a direct link to the @chat sexual violence. On this site, the guide for support figures of people who fell victim to sexual violence can be found in 4 languages (Dutch, French, English and German) and provides quite some tips and tricks on how to support a victim well and how to avoid revictimisation without confining the victim.

Since 2009 the Federal Service for Public Health has invested in funding the development and provision of several trainings, manuals and checklists for optimal care for victims of sexual violence and trainings on how to provide that care for caregivers at hospitals and general practitioners. Yet caregivers continue to indicate that it is not yet covered in their general vocational curricula and that they hence need specific trainings and tools to better address sexual aggression and victimisation in patients in order to prevent further occurring.

For minor attracted persons, there is a chat and phonenumber called "Stop it now" where people who are struggling with their feelings and sexual attraction to minors can get free professional help. For people who are already convicted of sexual offenses, there are several organisations (e.g. UFC, ITER, Vzw Touché, vzw Zijn, ...) offering therapies and workshops -also in prisons- to avoid relapse which are specifically dealing with gender issues, aggression management and other risk factors. There is also an important investment in support circles around offenders who are released to avoid new aggressive incidents.

5. Recommendations

At the end of the UN-MENAMAIS study an international seminar was held to discuss the results and to formulate recommendations. These are very extensive and can be boiled down to the following (cfr Keygnaert et al 2021):

- Start age-appropriate education and training regarding setting and accepting boundaries, sexual consent, relationship and positive sexuality at an early age (during early childhood education), and design trainings that target adults and older adults (aged 70+).
- All public institutions and private companies (e.g. schools, hospitals, governmental institutions, factories, associations, nursing homes,...) should have policies as well as prevention and care strategies in place to protect and support (future and historical) victims of SV, including creating safe disclosure contexts and providing person-centred support and referral plans.
- Healthcare professionals need to be qualitatively trained to address SV as well as sexual and mental health issues in their patients, including how to provide trauma-informed care in a diversity sensitive manner.
- Training of all law enforcement officials, encompassing the police and the court, who could potentially come into contact with SV victims is essential to ensure the necessary quality and level of a victim-centred approach for the tasks at hand, avoiding further secondary victimisation and/or victim blaming during the interrogation, investigation and judicial follow-up (e.g., in court), enhancing disclosure as well as the eventual willingness to file a complaint.
- Victims should be better guided towards adequate care by making the landscape of care upon victimisation more transparent and by developing comprehensive and user-friendly referral guidance tools, that include pathways for direct and indirect victims of both acute and historical SV.
- Provide person-centred care to victims of sexual violence. Disconnect access to care from police reporting. Reimburse evidence based psychological care for victims of sexual violence without limitation on sessions.
- Officially recognise sexologists as healthcare professionals as a reference for qualitative care to victims experiencing sexual consequences of victimisation.
- Need for better and faster screening and referral of victims of sexual violence in primary, secondary and tertiary care.
- More attention should be paid to long-term psychological, legal and financial assistance and care. SV can have long-lasting consequences, which may not be borne for years. Victims of historical abuse should also be able to rely on holistic care.

- Improve access to, and increase the number of, trauma specialists for victims of acute and historical SV. In addition, trauma centres should be established to reduce fragmentation.
- Investing in outreaching care for victims and perpetrators.
- Paying attention to care for caregivers by organising intervision and supervision within the institution and/or appointing a reference person to whom caregivers can turn with questions or cases.
- Support more adequate communication around SV in public images (e.g. campaigns, television programmes,...) avoiding the perpetuation of rape myths and stereotypical rape scenarios but rather showcase the different types of SV (such as hands-off and hands-on sexual victimisation and offline and online occurrence) that occur in reality.
- All policy documents should reflect that every individual can be affected by sexual victimisation and thus be inclusive when it comes to gender, age and sexual orientation.
- Involve the media in their educational and awareness-raising role regarding SV and develop guidelines for them on how to create an image of sexuality, gender roles and SV (including trigger warnings) and how they should communicate in a nuanced way.
- Invest in a greater proximity of the police in order to increase the confidence of citizens. There is a need for an outreach and proactive approach. In this context, the possibility of an online declaration of SV can be explored.
- (Improve) attention for victims in the police and judicial process. This implies that: All victims should be interviewed by specially trained inspectors (vice inspectors); There should be a better flow of information and long-term legal support; There should be attention for the psychological impact of SV and the burden of proof (psychological reports); There should be a better protection of the victim in the whole judicial process; The possibility of anonymous complaints must be examined for certain crimes, in order to increase the willingness to report and to sensitise certain target groups to file a complaint. The process of lodging a complaint with the police and the negative image surrounding it must be improved, especially with regard to vulnerable groups; A (forensic) care policy for victims of historic SV must be developed. There should be more and better links between the social services and police. The judicial response must be accelerated and research must be done on the legal follow-up of cases of SV.
- Clarify the prevalence and impact of technology-facilitated SV in different age groups
- Investigate a wide range of coercion strategies and how they relate to types of SV and impact on victims.
- Define the professional competencies to provide adequate care for victims of SV.

- Investigate how non-judicial recognition of victims can be improved.
- Organise an evaluation of the different models of forensic care in Belgium.
- Investigate the link between severe punishment/harsh criminalisation versus assailant assistance and victims' willingness to report.

Given the violence identification process within help seeking behaviour (Deloveh et al 2017) and the fact that many people do not yet have a good grasp of what direct and direct exposure to sexual violence might engender, we recommend to apply a broad definition of sexual violence, explaining well what different forms can be even if they are not yet legally considered a crime in prevention campaigns, care and research; to use behaviourally specific questions, and shift towards asking about sexual acts against one's will rather than without consent and apply mixed method research approaches.

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