How to support victims of sexual violence?

GUIDE FOR THE VICTIM'S SUPPORT CIRCLE













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1. Introduction

If you are reading this guide, you may unfortunately know someone close to you who was a victim of sexual violence.

As a partner, family member or friend you probably have many questions. What is sexual violence? How often does it occur? What is the victim going through? How can you process what happened? How can you offer support as a parent, partner, friend or family member?

In this guide, you will find information about what sexual violence is, how common it is, and where you and/or the victim can get help and support. You will also receive information about what happens to victims during sexual violence. This will help you to better understand why someone reacted in a certain way and (couldn't) react differently at the time.

This guide also explains the possible symptoms and reactions of victims after sexual violence. You will find practical tips to support the victim through the recovery process, which will help to promote healing. Finally, you will be given some tips on how to deal with your own feelings and needs.

Note: We use the term 'victim' in this guide to describe all people who have been exposed to sexual violence, regardless of when the violence took place. This acknowledges their suffering. They have been involved or were forced to participate in unwanted sexual acts. Some prefer the designation 'survivor', referring to the many efforts that have already been made to come to terms with the impact of having experienced sexual violence. Not every person who has experienced sexual violence chooses this designation. Therefore, we will stick to the term victim in this guide, but we recommend that you ask the person you are assisting how they prefer to be addressed or referred to. "Sexual violence is any sexual act using coercion, threats of harm or physical force, by any person regardless of their relationship to the victim, in any setting."

2. What is sexual violence?

Sexual violence is a significant social and judicial problem with a major impact on public health [1]. Not only girls and women are vulnerable; in principle, anyone can be a victim of sexual violence regardless of age, sex, gender or sexual orientation.

2.1 Sexual violence: how is it defined?

Sexual violence has many definitions. In the Belgian media, it is often referred to as 'sexual abuse' or 'sexually transgressive behaviour'. We talk about sexual violence and apply the most recent definition from the World Health Organisation (WHO, 2015). This definition is: "Sexual violence is any sexual act using coercion, threats of harm or physical force, by any person regardless of their relationship to the victim, in any setting" [2].

This is a broad definition, which emphasises that the sexual acts are not wanted by the victim. The WHO specified earlier that this cannot always be 'actively' demonstrated: "forcing a person to engage in sexual acts against his or her will, whether that act was fully committed or not, as well as attempting to engage a person in sexual acts without that person's understanding of the nature or terms of the act, or without her/his ability to refuse to participate or to express unwillingness, for example due to illness, disability, the influence of alcohol or drugs, or intimidation or pressure" [3].

This indicates two important elements that are inherent to sexual violence: 1) someone is forced to engage in one or more sexual acts against their wishes, and/or 2) no 'informed sexual consent' was given.

2.2 Sexual violence with and without physical contact

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 between victim(s) and perpetrator(s).

Based on whether there was physical contact between victim(s) and perpetrator(s), we make the following division [1, 4, 5]:

- **1. Hands-off sexual violence** (no physical contact between victim(s) and perpetrator(s)) [1, 4, 5]
 - **a. Sexual disregard**: Failure to provide privacy, disrespecting someone's sexual orientation or gender identity, considering someone asexual (e.g. the elderly) or preventing someone from expressing their sexuality.
 - **b. 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

the process, 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.

- **2. Hands-on sexual violence** (there is physical contact between victim(s) and perpetrator(s)) [1, 4, 5]
 - a. Violation of sexual integrity: In case of this form of sexual violence, 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.
 - **b. 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.
 - c. 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. Sexual contact with someone younger than 14 is always equated by law to rape, even if the young person gives their consent.

2.3 How common is sexual violence?

In principle, even in modern-day Belgium anyone can become a victim of sexual violence. This is incontrovertibly demonstrated by the 2021 study on the nature, magnitude and impact of sexual violence in Belgium by Prof. Keygnaert and colleagues [1].

- This study shows that 64% of residents of Belgium between the ages of 16 and 69 have experienced some form of sexual violence during their lifetime. This includes 81% of women and 48% of men [1].
- When it comes to hands-off sexual violence (without physical contact between perpetrator(s) and victim(s)), 78% of women and 41% of men report being a victim in their lifetime [1].
- When we look at hands-on sexual violence (with physical contact between perpetrator(s) and victim(s)), this amounts to 42% of women and 19% of men [1].
- If we only consider rape, this study indicates that 16% of women and 5% of men in Belgium have been the victim of rape [1].
- Elderly people (those aged 70 and over) also continue to be victims of sexual violence. This study demonstrated that one in 12 elderly people had experienced some form of sexual violence in the past year. Among that age group, we see almost no difference between the victimisation of women and men [1].
- This study also confirms previous research [6] that people with a lesbian, gay, bisexual or other non-heterosexual orientation (LGB+), as well as transgender individuals, are more exposed to sexual violence than those who are cisgender and have a heterosexual orientation: 80% had already

experienced

some form of sexual violence. In 42% of cases, it involved hands-on sexual violence and 24% had already experienced (attempted) rape [1]. Having a non-heterosexual orientation, therefore, signifies an increased risk of experiencing sexual violence.

The study also reaffirms previous research [4, 7, 8] that applicants for international protection, refugees and people without legal residence are not only vulnerable to sexual violence before fleeing and while on the run, but also remain at risk after their arrival in Europe and Belgium. Among this group, the study showed that 84% had experienced sexual violence at some point. For 61% of victims, the sexual violence happened in the 12 months preceding their participation in the study: most of the victims were already residing in Belgium at that time [1].



3. How can you offer support?

Perhaps you think you could have helped prevent the violence, stopped the perpetrator or protected the victim. Above all, remember that it is never too late to offer your support to a victim.

3.1 Always be an ambassador

Influence those around you positively and debunk rape myths when you hear them [5]. Dare to say that transgressive behaviour is not OK. Don't be afraid to correct someone who makes sexist comments. For example, when you hear someone say that "it's your own fault if you get groped when you're dancing suggestively", speak up and respond that as long as someone does not ask to be groped, no one has the right to touch them. Refrain from engaging in transgressive behaviour yourself [5]. For example, do not send any unwanted text messages, do not send over any nude photos, never blame someone for having been raped and do not have sex with someone unless that person really wants to.

If you see something happening that is not ok, try to apply the following 5 tips¹ [5]:

- 1. Involve others: try to enlist the help of others and try to make sure you can respond to the situation with multiple people (e.g. each one takes on a different role as a supporting figure).
- 2. Distract: try to draw attention to something else, do something unexpected (e.g. spill something over a perpetrator or victim).
- 3. Separate: try to physically remove the victim from the situation.
- 4. Address: address the perpetrator/victim directly; for example, say "Leave this person alone, what you're doing's not OK", or ask an unexpected question that has nothing to do with the situation. That way, you can create a distraction again.
- 5. Stay present: can you not intervene safely? Then keep an eye on the situation and try to help as soon as possible (call the police/ambulance, tell a teacher or parent, accompany a victim to seek professional help or to file a complaint, testify or leave a statement, etc.).

¹ See also www.afsc.org and www.ihollaback.org/bystander-resources for 5Ds in bystander interventions as well as www.sensoa.be for Dutch-language examples.

Even if the sexual violence has already happened and you find out afterwards, being a supporting figure can mean a lot to a victim [5]. In what follows we will give you a great deal of advice on what you can do.

3.2 Understand the natural protective responses of a victim during sexual violence

SURVIVAL MODE

Friends and family often find it strange that a victim did not call for help, defended themselves, fought back, or simply walked away from the situation.

However, during sexual violence or abuse you cannot simply choose how you will respond. Everything happens very quickly. Your primitive brain takes control of your 'thinking brain' and decides which way to react. The body intuitively switches to a survival mode.

Thus, a victim cannot consciously choose how to respond to the danger or the threat. Victims often react in a completely different way than they themselves would have expected or predicted.

The following explains how this happens and what automatic protective responses are activated.

FIGHT OR FLIGHT

If the primitive brain estimates that, as a victim, you have a chance of coping with the dangerous situation or getting out of it, then fighting or fleeing is activated as a reflex. When the fighting reflex is activated, you try to resist the assailant. Yelling, spitting, scratching, biting, kicking and hitting are attempts to fight back.

However, fighting back can be very risky if you do not know whether the perpetrator could injure you or if you feel you are not physically strong enough.

Flight happens when your brain assesses that you can still safely get away. Running away, curling up into a small ball and hiding are attempts to flee.

Sometimes it is not possible to run away, for example when force or emotional blackmail is used. Fleeing is also impossible when other forms of coercion are used or when running away would arouse the anger of the perpetrator.

Sometimes, victims try to appease the perpetrator by calming them down, by using all sorts of excuses to try to get out of the situation, or by negotiating. This too is a kind of fight-or-flight response: the brain is looking for a strategy for getting out of the situation with as little damage as possible. When your primitive brain assesses that you cannot fight or flee, you will freeze, become paralysed or compliant.

FREEZING, BECOMING PARALYSED OR COMPLIANT

Freezing, becoming paralysed or compliant are also protective responses from the primitive brain. So again, you do not consciously choose them.

In the face of danger, your body can freeze and tense up completely. Your body stops reacting, even though you are still alert and conscious of everything that is happening to or around you.

When the danger has passed, you may feel frustrated because you are well aware of what happened and yet you didn't have enough control over your body to react.

When in danger you can also become completely paralysed and stunned. Your body becomes very weak and numb and everything is a little hazy. Fainting, losing awareness of what's around you or of your body, or experiencing the situation as from a distance are also protective responses from our primitive brain. This allows you not to have to feel the pain of what is being done to you. Moreover, this also has a protective effect because perpetrators are less violent when they see that their victim is not resisting.

Sometimes during sexual violence, a victim may appear to be appeasing, submissive or very compliant. This too is a protective response from the brain and a strategy for getting out of the situation with as little damage as possible. By submitting to the perpetrator, the violence is more likely to be over sooner and there is a lower risk of physical injuries.

Freezing, becoming paralysed or compliant are reactions that are common in cases of sexual violence and for which there is little understanding. Often, the victim's support circle will want to know why the victim did not try to fight or flee. As we have seen, it is not a conscious decision, but rather a quick protective attempt by our primitive brains when responding to danger. Studies have also shown that individuals who fight or flee are more likely to be physically injured during sexual violence than those who freeze, become paralysed, or compliant.

OTHER PHYSICAL REACTIONS

Sometimes a victim's body reacts in a sexual way, even when the victim absolutely does not want it to. The victim gets an erection, the vagina becomes moist, or the body can even respond with ejaculation or orgasm. This is very confusing, both for the victim and those around them. "Did I want it after all?", "Did I like it after all?", are questions victims will ask themselves, but they are often also on the mind of the people around them.

Victims experience a great deal of shame and guilt about their physical responses. Again, as a member of the victim's support circle, you can indicate that bodily reactions in these situations are a protective reflex and are therefore completely unrelated to what the victim actually wanted or felt.

3.3 If someone tells you they have experienced physical sexual violence very recently: help preserve traces

- Take the victim immediately to a Sexual Assault Centre (SAC). Up to seven days after sexual violence with physical contact, traces of the perpetrator(s) may be found. Be aware that after 72 hours, few traces will remain. Time is thus of the essence for the forensic investigation.
- Even if this is the first thing the victim would want to do, ask the victim not to wash or shower.
- Ask the victim not to drink or rinse their mouth if there has been oral contact.
- Try to prevent the victim from urinating and if they do, try to collect it in a jar or other receptacle and bring it to the SAC.
- Avoid physical contact with the victim and also ask the victim not to touch other people (so as not to carry traces of these people, who have nothing to do with the sexual violence).
- Have the victim keep on the clothes which they were wearing during the violence or put the clothes in paper bags and bring them to the SAC. Do not put them in plastic bags!
- If applicable, bring along the sheets on which possible traces (e.g. semen) of the perpetrator can be found and put them in a paper bag as well.

- If the victim used toilet paper or something else to rub on their skin after the sexual violence, or if they used a sanitary napkin in their underpants, bring this along in a paper bag as well.
- Bring fresh clothes if possible. After the forensic examination, the victim can shower and put on fresh clothing at the SAC. In emergency cases, replacement clothing can be provided at the SAC or someone can pick up some clothing for you and deliver it before you leave the SAC.



3.4 Recognise and acknowledge the impact of sexual violence on victims and apply the following tips to deal with the consequences

In cases of sexual violence or abuse, the primitive brain responds with a variety of protective responses, which won't allow the victim to consciously choose how to react. Afterwards, all kinds of symptoms can arise, which are part of the recovery process.

These are normal reactions to abnormal circumstances, and it takes time to adequately process this event.

Below, you will find an overview of the consequences of sexual violence and the reactions involved in the recovery process. You can also find some tips for you as a member of the victim's support circle, to help you get through this difficult period together.

1. PHYSICAL SYMPTOMS

These can include bruises, contusions, scrapes, wounds, fractures, pain in, on and around the genitals, abdominal pain, headaches and hair loss, as well as sexually transmitted infections, unwanted pregnancy, fertility problems and so on [1, 4, 10].

For these symptoms, it is best to seek medical attention as soon as possible.

If the sexual violence happened less than a month ago, you can visit a Sexual Assault Centres (SAC) for these symptoms. All the symptoms will be looked at and additional tests will be done if necessary. At a SAC it is possible to search for traces of the perpetrator(s) up until 7 days after the sexual violence through a forensic examination. Traces break down very quickly, however, which is why it is important to go to a Care Centre as soon as possible after the sexual violence. Any injuries will be identified, described and photographed. If you go to a different hospital, the Sexual Aggression Set will be used. This Set is only administered within 72 hours after the assault and you will be asked to file a complaint first.

Even if the sexual violence happened more than a month ago, you can contact a SAC, or you can go to your family doctor or a specialist at a nearby hospital.

For all the information on the SAC: see Chapter 8.

2. RELIVING THE TRAUMA

This is the situation where the events intrude the mind of the victim unannounced in the form of thoughts or images during the day, or through nightmares at night. Both the flashbacks and the nightmares can feel very intense and make it feel as though the event is happening again. This is sometimes accompanied by physical reactions, such as anxiety, physical tension, greater difficulty breathing, or all kinds of overwrought feelings. Sometimes, the victim shuts themselves away, prefers to be alone or instead seeks direct contact.

Brooding or going over the event again and again can also be seen as a way of reliving the trauma and as an attempt to process the events.

If you are present when a flashback or nightmare happens, remain calm and keep a cool head. Speak slowly and calmly to the victim. Make eye

Be patient and do not expect the victim to feel better instantaneously. Allow some time for relaxation, make a cup of coffee or tea, or find another way to provide comfort. Don't forget to preserve traces if the violence occurred very recently (see the tips under section 3.3).

contact. Tell the victim they are safe and the incident is over.

3. AVOIDANCE REACTIONS

Here, the victim will try to avoid all kinds of situations, people, objects, places or smells, or thoughts and feelings that remind them of the events. These could also be films, the news on TV or in the newspaper, or things that come up during conversations. Some victims postpone going to bed to avoid getting nightmares.

Try to discuss what the victim finds difficult and what unexpectedly reminds them of the events, so you can take this into account. Do not take it personally if you accidentally do things that are found to be unpleasant – after all, you cannot always know what reminds the victim of the incident.

If the violence took place in a domestic context, for example, at home, in student halls, a particular room, you can help by rearranging the furniture or rearranging the room. This way, there will be fewer visual memories and this space can feel safe again. Perhaps you would like to know what happened, but the victim is not ready to tell you about it. Indicate that you are always willing to listen, but do not force the conversation. Respect it if they don't want to tell you anything. Sometimes, the victim will prefer not to share their story to protect you or your relationship. Respect that.

4. EMOTIONAL REACTIONS

a. A rollercoaster of different emotions. All kinds of feelings can alternate quickly or be present at the same time: fear, sadness, rage at the perpetrator, disgust, loneliness, guilt, shame, anger at oneself, dislike of others, indifference, disbelief, etc.

This sometimes makes it very difficult to leave room for positive feelings. Or sometimes the victim feels guilty when there are occasional positive feelings. It can also hinder the victim from getting in touch with others, especially if these feelings persist for an extended period of time.

Try to listen to the feelings the victim is displaying or sharing. Be present, reassure the other person, offer comfort and safety. Give it some time.

If you would like to touch the victim or give them a hug to comfort them, always ask in advance whether this is OK for the victim.

b. Sexual violence can cause the victim to think they are a bad person, that no-one can be trusted anymore or that the world has become dangerous. As a result, the victim may withdraw and isolate them**selves** from social contact or demonstrate a negative outlook on themselves, others or the world around them.

c. Feelings of guilt or shame. After the fact, a victim may question or feel bad about the way they reacted. Those around them may also judge this very harshly and even suggest that the victim themselves is responsible for what happened. It could be comments about dress style, the use of alcohol or drugs, being in a certain place at a certain time, whether or not they resisted, etc.

If you notice that the person in question is blaming themselves, try to offer comfort and indicate that this guilt is a normal reaction after sexual violence, but that you do not agree with it at all.

Reiterate that the victim could not consciously choose how to react at that moment and physically responded in the best way possible.

Reiterate that only the perpetrator is responsible for what happened, even if that is hard for the victim to believe at this point.

5. PHYSICAL AND NEUROLOGICAL REACTIONS

Sexual violence is a stressful event in which the body and nervous system are affected. The body needs some time to recover afterwards. A great many physical and neurological symptoms can therefore occur during the recovery period.

a. Insomnia or poor sleep quality. This can be the result of nightmares, but also a general heightened sense of anxiety or physical tension. Both falling asleep and staying asleep can be harder.

Be aware that the victim may suffer from interrupted sleep and be less rested as a result. This will of course affect day-to-day activities. Help keep watch on regularity in sleep patterns.

During counselling, a person may receive advice that also affects the habits or behaviour of the partner, such as not using a mobile phone or tablet in bed or avoiding alcohol or caffeine in the evening. Try to support the victim in this as much as possible.

b. Getting irritable and easily angered. After sexual violence, the victim, who otherwise does not anger easily, may be far more irritable and more likely to enter into conflict. Sometimes, the person will want to be alone or be left alone. This may seem strange, but it is a very normal reaction in the recovery process.

Try to avoid reacting with anger or defensiveness yourself, as this may actually increase anger or exacerbate other symptoms.

Try to take a time-out for yourself and return to the topic when you yourself are calm enough.

c. Poor concentration and memory. Following sexual violence, it can be difficult to concentrate during day-to-day activities or to retain information. This sometimes makes it difficult to properly structure the day or to follow a schedule properly. Sometimes, attention is disrupted by brooding thoughts, flashbacks or fatigue. Other times, victims might feel less involved or removed from what is happening around them.

Have you noticed that the victim is not listening or paying attention? Then try to engage the person back in a friendly way.

Ask where you can help. Help to structure the day and create an achievable schedule. Help to remind them of important appointments.

d. More sensitive to all kinds of stimuli. Busy places, noises, any everyday sounds (even sounds that do not disturb the person in question under normal circumstances) can be very disrupting. As a result, the victim may become more nervous, anxious or busier than usual, and react in an irritable or defensive manner more quickly. Stress is also more difficult to tolerate.

Temporarily assist with day-to-day tasks so that they become less stressful: picking up the children from school, offering to accompany the person to crowded places until things improve, etc.

Help to provide relaxation on a regular basis by scheduling rest or activities that offer a distraction.



If someone has experienced sexual violence, all of these reactions are quite normal. They can vary in intensity and in duration. Everyone processes these things in different ways. Difficult moments will gradually alternate with moments when things get better. Usually, the symptoms will diminish or disappear within a few weeks to months. If the recovery process is not going well, it is advisable to seek professional help.

4. The impact of sexual violence on you as a member of the victim's support circle

Sexual violence is not only a traumatising event for the victim. As a member of the victim's support circle, it can be very stressful and traumatising to hear what happened to someone you care about, more so if you witnessed the events [1, 9, 10, 12, 13, 14].

Below are some common feelings and reactions. You will also find some tips on how you can still offer the necessary support to the victim through your own feelings.

Be aware that it is normal if you too are struggling. Make time for your own feelings as well. How you can deal with that yourself can be found in Chapter 7: 'Self-Care for You as a member of the victim's support circle'.



HELPLESSNESS OR GUILT BECAUSE YOU COULD NOT PREVENT THE EVENTS FROM HAPPENING

This may make you want to ... overprotect, such as trying to persuade them to change things: limiting nights out, not letting them walk the streets alone at night, changing overnight arrangements, perhaps suggesting moving back home, limiting interaction with other people, always wanting to know or check where the other person is, etc.

You can help by ... trying not to make decisions on the victim's behalf or trying not to curtail their independence. Support the person in making their own decisions about who they interact with or meet.

Discuss your concerns and how to take good care of each other.

CONFUSION ABOUT WHAT HAPPENED AND ABOUT WHAT YOU DON'T KNOW (YET) ABOUT THE SEXUAL VIOLENCE

This may make you want to ... ask for more details about the sexual violence. This can be perceived as burdensome, intrusive or even humiliating. **You can help by ...** letting the victim know you are there to listen if needed, but that you respect what the victim wants to tell whom.

Do not take it personally if you are not the person with whom the victim shares things. Talking about sexual violence can be very difficult.



DISBELIEF

This may make you want to ... say you can't believe what happened. This may cause the victim to become extra cautious about telling you anything else.

You can help by ... saying that you believe what happened, care about the victim and want to offer support.



RAGE AT THE PERPETRATOR

This may make you want to ... seek revenge or become violent. However, this could get you into trouble yourself.

You can help by ... saying that you are concerned and angry about what happened and that it is hard to deal with these feelings. Try to remain calm, so that the victim feels safe with you and can turn to you.



ANGER AT THE VICTIM

This may make you want to ... look for ways in which the violence could have been avoided, e.g., by asking 'why' questions, such as: "Why were you wearing that? Why were you drinking that? Why did you go there?". Or by directly blaming: "You shouldn't have done this; you were asking for it."

This will only increase the feelings of guilt. The victim will get the feeling that what happened could have been avoided and that they were responsible for it themselves.

You can help by ... telling them you feel powerless and wish you could have protected or helped the other person, so this needn't have happened.



SHYNESS OR EMBARRASSMENT

This may make you want to ... make jokes or break off the conversation to hide your uncomfortable feelings. Or avoid any conversation about what happened. You might not find the right words to talk about it.

You can help by ... taking what the victim says seriously. If the victim makes their own jokes, this may be a way of coping with something very difficult. If the victim wants to talk about what happened, but you find this difficult, then say so and find a way that you can talk about it together.



BEING INTIMIDATED BY THE VICTIM'S (SOMETIMES INTENSE) REACTIONS

This may make you want to ... distance yourself or avoid the subject. The intense reactions and feelings may make it harder for you to talk about it again later on or to know what the victim needs.

You can help by ... not taking this personally and asking what the other person needs.

FEELING UNHAPPY ABOUT THE BAD THINGS HAPPENING IN THE WORLD

This may make you want to ... withdraw or change your habits, by avoiding work or other activities. Or telling your friends and family members that you care very much about what happened. **You can help by ...** trying to keep up your daily habits. If you are afraid of being questioned when socialising, let others know that something unpleasant has happened. Look for positive and pleasant things around you.



FEAR THAT IT COULD HAPPEN (AGAIN) TO THE SAME OR OTHER PEOPLE YOU CARE ABOUT

This may make you want to ... overprotect or send regular messages or call to know whether everything is okay. The more you check, the more you will be waiting for a response or phone call back. This will only increase your anxiety.

You can help by ... just keeping up your daily routines. Agree on when you will speak to or hear from each other.



MEMORIES FROM YOUR OWN LIFE, OR PREVIOUS TRAUMATIC EXPERIENCES THAT COME TO THE SURFACE

This may make you want to ... talk too much about what happened to you and how you dealt with it. Do not try to convince the other person that you know how it feels because you have gone through something similar yourself. Everyone's reaction and way of coping with difficult experiences is different.

You can help by ... listening and looking for what the other person needs. Do not be concerned if the victim does not want to talk about what happened to you. This does not mean the person does not care about you, but it may just be too much to handle at that moment. Consider seeking support yourself if you have many memories that come back to the surface.

5. If your child has experienced sexual violence

If your child has been the victim of sexual violence, it is normal for you too to feel angry, sad, powerless or guilty. Sexual violence not only has an impact on your child, but on you as well [1, 11].

In chapter 3.4 'Recognise and acknowledge consequences of sexual violence in the victim and tips for you as a member of the victim's support circle' and chapter 4 'Impact of sexual violence on you as a member of the victim's support circle', you will already find a lot of information and general tips. Below are a few more specific tips.

BE AVAILABLE

Allow your child enough space to recover – recovering after sexual violence takes time.

Go with them to scheduled examinations and consultations. In doing so, if possible, respect your child's wishes to accompany them or let them go in alone.

Tell your child you always want to listen to their story and concerns. Do not force your child to talk about these difficult things if they are not ready.

PROVIDE STRUCTURE AND SUPPORT

Ensure adequate rest and relaxation, structure, exercise and distraction. Do fun things together as well.

Help your child express their feelings. This can be done by talking to you, but also by keeping a journal, drawing, exercising, dancing, etc.

Make plans together, both short and long-term. Make sure your child has fun things to look forward to.

BE ALERT

Be vigilant if your child has dark thoughts or feelings, can no longer sleep, remains dejected, or has a tendency to hurt themselves.

Try to talk about this or seek help from e.g., the family doctor, the SAC, a social worker or someone you trust.

MAKE GOOD ARRANGEMENTS

Look for good arrangements together. Make sure your child gets a say and that the arrangements reflect sufficient care and security for your child.

Make sure that these (temporary) new arrangements are not perceived as a punishment or limitation. Teach your child to set their own boundaries and find who they can turn to when they are not feeling good.

6. If your partner has experienced sexual violence

If your partner has been the victim of sexual violence, it is normal for you too to feel angry, sad, powerless or guilty. Sexual violence doesn't only impact your partner, but you as well, regardless of whether this violence occurred during your relationship, prior to your relationship, or much longer ago [1, 9, 10, 12, 13].

About 8 in 10 women and 1 in 2 men in Belgium have experienced some form of sexual violence in the past [1]. This means that you, as the victim's intimate partner, are not alone.

IF YOU WERE NOT AWARE OF PAST EXPERIENCES WITH SEXUAL VIOLENCE

A great many victims of sexual violence do not tell anyone of what they have been through in the past, including their partner.

Sometimes, it is just too hard to talk about what happened and victims consciously or unconsciously block out these experiences. Sometimes, they are afraid that they will not be believed, or it does not feel safe to talk about it [1, 9, 10, 12, 13]. Sometimes, they are afraid that they will hurt the other person or strain the relationship.

When a past experience is disclosed to you, it can trigger a recurrence of all kinds of emotions in the victim.

This can bring about changes in your partner's behaviour and in your relationship [1, 9, 10, 12, 13]. This new information can also make you feel powerless or lonely, confused, angry.

IF YOU ARE AWARE OF PAST EXPERIENCES WITH SEXUAL VIOLENCE

Some victims do talk about their experiences of sexual violence at the start of their relationship.

Your partner may be reluctant to talk about it much or may be embarrassed about this traumatic event because of the potential impact on your relationship or for fear of losing you as a partner.

IF YOUR PARTNER EXPERIENCES SEXUAL VIOLENCE DURING YOUR RELATIONSHIP

When sexual violence happens during the relationship, a lot of partners experience feelings of fear, anger, rage, guilt and helplessness. You might feel that you have not been able to adequately protect your partner [1, 9, 10, 12, 13].

During such a time, your partner needs a lot of support and care. Be present during the medical, forensic and psychological process – this is of great help to your partner.

As a partner, you may also have questions of your own that you want answered. Immediately after the incident, the victim may feel confused and in shock. Recovering after sexual violence takes time. Be patient, present and supportive. In chapter 3.4 'Recognise and acknowledge consequences of sexual violence in the victim and tips for you as a member of the victim's support circle' and chapter 4 'Impact of sexual violence on you as a member of the victim's support circle', you will already find a lot of information and general tips. Below are a few more specific tips.

- Be clear that you are open to a conversation, that you are there for your partner.
- Be patient and show understanding. Do not force the conversation.
- You might want to discuss your partner's experience with family, friends or peers. This is a delicate situation. The victim may not be ready to share this yet. Respect this and do not insist upon it. Is your partner indeed ready to talk about the experience? Then offer support during the process of opening up to family, friends and peers.
- Keep enjoying the good times with your partner and try to do fun things together; this will help to get through the difficult periods.

Experiences of sexual violence often impact partners' intimate and sexual relationships too [1, 10]. The victim's interest in closeness, intimacy and sex may be diminished, gone or highly variable. This can be very confusing or frustrating for you. It may make you feel that your partner does not desire you, does not feel safe with you or does not appreciate you. When you discuss this, the other person may feel pressured or misunderstood. During intercourse, your partner's body may become very tense or frozen. Making love can also evoke intense emotions in your partner.

Do not be offended, worried or angry if this happens. It is perfectly normal for the body to need time after sexual violence to recover and for the victim to feel safe again with sexual intimacy.

Try to talk about it and be willing to follow your partner's pace. Feeling pressured to have sex again can increase the victim's stress level and cause them to relapse. This may mean there is no sexual contact for a period of time.

Find some other ways in which you can be (sexually) intimate. Holding hands, hugging or caressing each other is also a form of intimate contact.

Seek professional help if necessary. The GP, the SAC, a sexologist, etc., can provide further support.



7. Self-care for you as a member of the victim's support circle

Not only does sexual violence have far-reaching consequences for the victim, but also for the people around them who witness the events or are informed of it. This means that, just like the victim, you may also experience all kinds of emotions or even experience similar symptoms as the victim themselves [1, 9, 10, 12, 13, 14].

It is therefore very important that you, as a member of the victim's support circle, also receive adequate support and take good care of yourself.

Some suggestions for taking good care of yourself:

- Find a good balance between caring for the victims and caring for yourself. You can only be fully there for others if you are taking good care of yourself.
- Make sure you stay involved in meaningful and varied activities.
- Continue with your leisure activities, hobbies or sports.
- Do some relaxing activities, e.g., a hot bath, breathing exercises, meditation, walking and running.
- Do not forget to pamper yourself once in a while.
- Organise a time out, whereby you can get away from the stressful situation for a while.
- Keep a journal. It may help to write down your feelings.
- Ask for help and enlist the support of family and friends.
- If necessary, seek professional help if you feel you cannot bear this alone or if you have no-one else to turn to.

8. What can a Sexual Assault Centre offer?

WHAT AND FOR WHOM?

A Sexual Assault Centre (SAC) is a service where any victim of sexual violence can go, 24 hours a day, 7 days a week. You can find the addresses of all the SAC on the website https://sac.belgium.be.

At a SAC, a victim may receive the following care [15, 16]:

- Medical care: both medical examinations and preventative treatments for, sexually transmitted diseases, for example, as well as care for any wounds and injuries.
- Psychological care: first psychological care (by lending a listening ear as well as by giving information on what normal reactions are after a shocking event and advice on how to cope) and a further follow-up by a psychologist.
- A forensic examination: determining injuries, examination of traces of the perpetrator, gathering evidence for potential charges and a potential legal procedure.
- **Filing a complaint** to the police if desired, with the aid of specially trained vice inspectors.
- Follow-up afterwards: both medically (medication or injuries), by providing social support and by giving access to psychological help during the recovery process.

It has been proven that victims who receive this holistic care after sexual violence are more likely to make a lasting recovery, recover more quickly, and are also less likely to be victimised again [2, 10, 11].

Accordingly, the World Health Organisation prescribes that it is best for each victim to receive such holistic care as soon as possible after the violence [2, 3].

In the Belgian SAC, you will receive this care from specially trained forensic nurses who work with and are supported by specialists such as gynaecologists, urologists, paediatricians, geriatricians, psychiatrists, emergency physicians and trauma psychologists.

Family, partner or friends who accompany a victim can themselves turn to the forensic nurse for initial support, information and advice as well. They may also be involved with the psychological counselling, at the victim's request.

WHEN CAN A VICTIM TURN TO A SAC?

What the SAC can do for a victim depends on how long ago the sexual violence occurred [15, 16]:

- If the sexual violence happened less than a week ago, then the victim can go to the SAC, call or e-mail and get the necessary medical, forensic and psychological care immediately. If the victim so wishes, the matter can also be reported to the police vice inspectors at the SAC itself.
- If the sexual violence occurred more than a week ago but less than one month, then the victim can call or e-mail for an appointment. There they will assess what still is possible in terms of medical and psychological care, and forensic examination at the SAC. To submit a complaint, an appointment can be made with the police through the SAC.

If the sexual violence occurred **longer than a month ago**, then the victim can call or e-mail for an appointment. During the appointment, the desirable medical and psychological care needed will be assessed so that a targeted referral can be made to the support services beyond the SAC. To submit a complaint, an appointment can be made with the police through the SAC.

HOW CAN YOU REACH A SAC?

As a member of the victim's support circle, you can call or e-mail a SAC or go to a SAC with a victim. Check the website https://sac.belgium.be for the addresses and contact details of the SAC.



References

- Keygnaert I, De Schrijver L, Cismaru Inescu A, Schapansky E, Nobels A, Hahaut B, Stappers C, De Bauw Z, Lemonne A, Renard B, Weewauters M, Nisen L, Vander Beken T & Vandeviver C (2021) Understanding the Mechanisms, Nature, Magnitude and Impact of sexual violence in Belgium. Belspo brain: http://www.belspo.be/belspo/brain-be/projects/FinalReports/UN-MENAMAIS_FinalRep_v2.pdf
- 2. WHO, *Strenghtening the medico-legal response to sexual violence*. 2015, Geneva: WHO.
- 3. WHO, Preventing intimate partner and sexual violence against women: taking action and generating evidence. 2010: WHO & LSHTP.
- Keygnaert I, Sexual Violence and Sexual Health in Refugees, Asylum Seekers and Undocumented Migrants in Europe and the European Neighbourhood: Determinants and Desirable Prevention. ICRH Monographs. 2014, Ghent: ICRH-Ghent University.
- Keygnaert I, Seksueel geweld: Wat is het en hoe gaan we er mee om? Informatiepakket Seksueel Geweld voor Deelnemers Ja²=SeX-Campagne 2016-2017. 2017, ICRH-Ghent University & ZIJN vzw: Ghent.
- D'Haese L, Dewaele A & Van Houtte M, Coping With Antigay Violence: In-Depth Interviews With Flemish LGB Adults. Journal of Sex Research, 2015. 52(8): p. 912-923.
- Keygnaert I, Dias SF, Degomme O, Devillé W, Kennedy P, Kovats A, De Meyer S, Vettenburg N, Roelens K &Temmerman M (2014) Sexual and gender-based violence in the European asylum and reception sector: a perpetuum mobile? European Journal of Public Health, 2014, Vol.25, nr 1, p. 90-96.
- Keygnaert I, Vettenburg N & Temmerman M, Hidden violence is silent rape: sexual and gender-based violence in refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. Cult. Health Sex, 2012. 14(5): p. 505-520.

- 9. The Havens, *Sexual Assault: A guide for family and friends*. 2017, UK: The Havens.
- Keygnaert I, Van der Gucht B, De Schrijver L, Van Braeckel D, & Roelens K, *Holistische zorg voor slachtoffers van seksueel geweld*, Chapter 19 in Leerboek Seksuologie, Gijs L, Dewitte M, Enzlin P, Georgiadis J, Kreukels B & Meuleman E, Editor. 2018, Bohn Stafleu van Loghum: Houten, p. 407-428.
- Tavkar P & Hansen DJ, Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. Aggression and Violent Behavior, 2011. 16(3): p. 188-199.
- 12. Ahrens CE, *Being silenced: the impact of negative social reactions on the disclosure of rape*. Am J Community Psychol, 2006. 38(3-4): p. 263-74.
- Ahrens CE et al., *Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures*. Psychology of Women Quarterly, 2007. 31(1): p. 38-49.
- Ahrens CE & Campbell R, Assisting rape victims as they recover from rape
 The impact on friends. Journal of Interpersonal Violence, 2000. 15(9): p. 959-986.
- 15. Baert S, Gilles C, Bicanic I, Van Belle S, Roelens K & Keygnaert I (2021) Piloting Sexual Assault Care Centers in Belgium: Who do they reach and what care is offered? European Journal of Psychotraumatology - 2021 Jul 27;12(1):1935592. doi: 10.1080/20008198.2021.1935592.
- 16. Baert S & Keygnaert I, *Evaluatierapport Pilotering Zorgcentra na Seksueel Geweld*. Ghent: ICRH-Ghent University; 2019.

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