September 2026

STOP violence .brussels

Sexual violence

Sheet for professionals



IMPORTANT

The vast majority of sexual violence is committed by men, most of it against women* (or anyone who identifies as such). People whose gender identity, expression and/or sexual orientation do not correspond to society's dominant gender norms are also more likely to be victims of violence. However, sexual violence affects all gender identities: trans- and cis-men and women, as well as non-binary people.

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A. RECOGNISING SEXUAL VIOLENCE

1. Definition

The Council of Europe's Istanbul Convention on Preventing and Combating Violence against Women and Domestic Violence defines the following intentional conducts as sexual violence:

- Engaging in the non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object;
- Engaging in other non-consensual acts of a sexual nature with a person;
- Causing another person to engage in non-consensual acts of a sexual nature with a third person.

Consent must be given as the result of the person's free will assessed in the context of the surrounding circumstances.

Age and consent:

- **Under 14:** sexual intercourse is always considered rape, whether or not consent is given.
- **Between the ages of 14 and 16:** all sexual relations are considered rape, unless the age difference between the two persons involved is no more than three years.
- **From age 16 (sexual majority):** a minor can legally have sexual relations, if they consent, with a teenager aged 16+ or an adult.

Contrary to popular belief, sexual violence is more often perpetrated by trusted persons or close friends, and particularly by (ex-)partners. It can be perpetrated in both public and private spaces, by strangers, acquaintances or relatives.

2. Types of sexual violence

2.1. Rape

Rape is defined as any act involving **sexual penetration and the absence of the victim's consent.**

By law, consent:

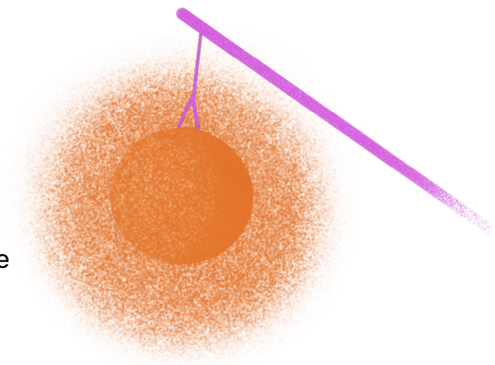
- must be freely given;
- cannot be deduced from a simple absence of resistance;
- can be withdrawn at any time.

In particular, there is no consent when the act of a sexual nature:

- was committed by taking advantage of a situation of vulnerability that alters the free will of the victim due to fear, the influence of alcohol or psychoactive substances, illness or disability;
- took place under threat or duress, using physical or psychological violence, surprise, deception or any other punishable behaviour;
- was committed against an unconscious or sleeping victim.

Any sexual act committed on a child under the age of 14 is considered by law to be sexual violence.

Rape is punishable regardless of the relationship between perpetrator and victim, including if the two have been or are in a relationship.



2.2. Incest

Any sexual act committed on a minor by a parent or relative, whether ascendant, direct or collateral up to the third degree, or by any other person occupying a similar position within the family.

2.3. Violation of sexual integrity

Any non-penetrative sexual act committed on, with or by a non-consenting person, or which a non-consenting person is forced to witness (even without active participation).

2.4. Voyeurism

Observing or causing to be observed a person, or making or causing to be made a visual or audio recording of that person, directly or by any technical or other means:

- While the person is nude or engaged in explicit sexual activity;
- In circumstances where the person could reasonably consider that he or she was shielded from unwanted attention;

Or, without the consent of the person concerned, broadcast the visual or audio recording, even if it was made with that person's consent.

2.5. Public indecency

The commission of acts of an extremely pornographic or violent nature, or their dissemination and exhibitionism.

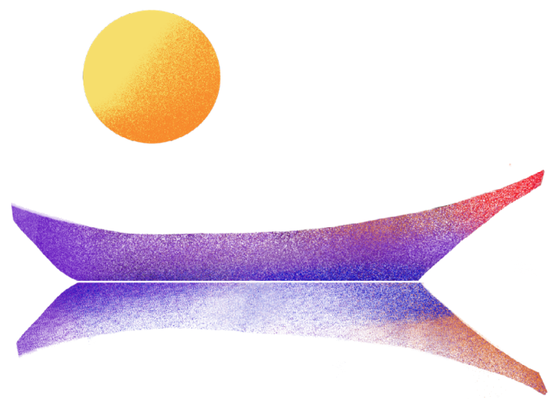
2.6. Sexual harassment

A series of gestures, attitudes and words with sexual connotations that are likely to undermine the dignity and moral and/or physical integrity of a person and create a hostile, humiliating, degrading or offensive environment.

2.7. Possession or production of child pornography

The possession or production of **any material depicting a minor engaged in explicit sexual behaviour or depicting their sexual organs for sexual purposes.**

With their mutual consent, minors over the age of 16 can create, send and own their own sexual content.



3. Consequences

Sexual violence can affect the mental and/or physical health of those who experience it. But **the symptoms of psychological suffering and/or trauma can vary greatly from one person to another.**

Certain indicators can help detect sexual violence in adults and/or prompt them to ask questions. There are many indicators and they are not necessarily specific to sexual violence, but **the occurrence of several of the elements below is likely to indicate that the person has suffered violence:**

Physical indicators

- Sexually transmitted infection
- Bodily injuries
- Unwanted or refused pregnancy
- Excessive or inadequate hygiene
- Widespread pain such as headaches and pelvic pain

Behavioural indicators

- Addictions
- Withdrawal, evasion
- Self-harm
- Hypersexualisation
- Eating disorders
- Sleep disorders
- Risk-taking
- Violence against children born of rape

Psycho-emotional indicators

- Guilt, shame
- Loss of self-confidence
- Depression
- Difficulty expressing emotions
- Weakening of the will
- Recurrent psychosomatic disorders
- Phobias, anxiety attacks
- Mood disorders
- Trauma flashbacks
- Memory disorders

Relationship and social indicators

- Isolation
- Sexuality disorders
- Drastic change



The following is a non-exhaustive list of possible reactions to trauma, which may vary depending on the person affected:

FLIGHT

- Workaholism
- Rumination, reflection
- Anxiety, panic
- Compulsivity
- Agitation
- Perfectionism

FIGHT

- Aggression, intimidation
- Control, narcissism
- Explosive behaviour

FREEZE*

- Lack of initiative
- Dissociation
- Isolation
- Numbness

FAWN

- Lack of identity and self-assertion
- Lack of own boundaries
- Excesses
- Dependency

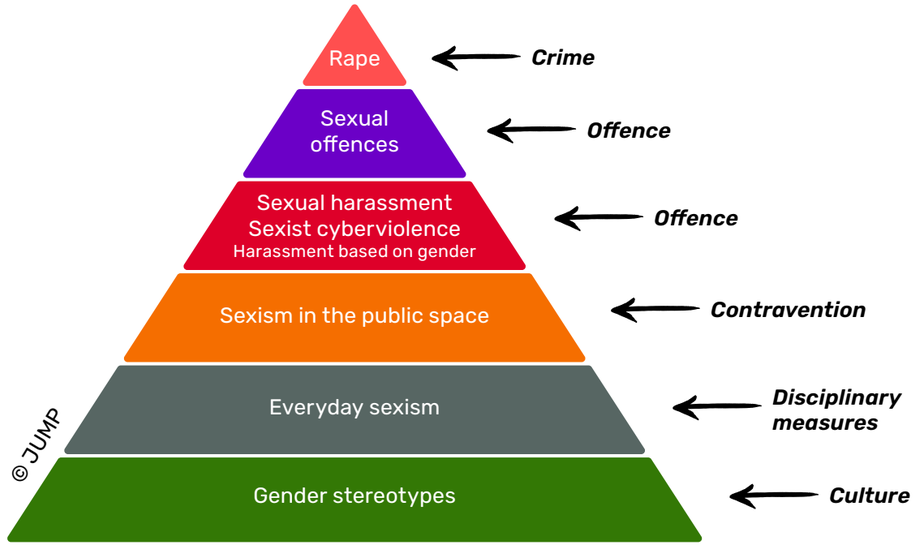
* Stupefaction and dissociation can become persistent if post-traumatic stress is long-lasting.

4. The pyramid of gender-based and sexual violence

Sexual violence, like other forms of gender-based violence, is rooted in sexism.

Sexism is a discriminatory attitude based on a person's sex or, by extension, their gender. Sexism is linked to prejudice and to the concepts of gender stereotypes and gender roles, and may include the belief that one sex or gender is inherently inferior to the other.

Its manifestations can be regarded as "trivial" (e.g. everyday sexism and gender stereotypes), or as more "dangerous" (e.g. rape, sexual assault and harassment in its various forms).



5. Locations where sexual violence occurs

5.1. At work

As defined above, sexual violence can take many forms, some more invasive than others, such as harassment, voyeurism, rape, etc.

Gender-based and sexual violence in the workplace reflect a sexist culture in society. It ranges from what is known as "everyday sexism" (e.g. Marc asks Brigitte to make the coffee because she is a woman) to violations of sexual integrity (touching someone's bottom, groping, etc.) and derogatory jokes about women.

This violence and discrimination reinforce the gender hierarchy. It is exacerbated when those involved are in positions of power, particularly at work.

If such incidents are reported, the employer is legally obliged to take action (see: Role and status of the prevention stakeholders) but, if no action is taken, employees can contact their trade union, the psychosocial risk management department, a specialist organisation (see the stop-violence.brussels mapping of services), the Institute for the Equality of Women and Men, or Unia.

5.2. In the (semi-)public sphere

Sexual violence in public spaces is characterised by unwanted, intrusive behaviour that takes place in public spaces (such as the street) or semi-public spaces (such as on public transport, in shops, bars, at festivals, on university campuses, etc.).

In the most serious cases, sexual violence may take the form of rape or attempted rape, but it can also manifest as verbal harassment (inappropriate comments about the victim's clothing, body or behaviour based on their gender), non-verbal harassment (inappropriate gestures, particularly those with sexual connotations), or groping (a common example being gropers on public transport or at cultural events).

Whilst cisgender men (whose gender identity corresponds to the sex assigned at birth) generally feel at ease in public spaces, women and people from gender minorities tend to develop strategies to avoid situations where they are at risk of sexual violence. For further information, see the leaflet Espace public, genre et sentiment d'insécurité by Garance npo.



6. Identification and specificity

Sexual violence mainly affects women. The victims of sexual violence covered in this sheet are mainly women of all backgrounds, ages and social classes. Particular attention is paid to the following groups: people from LGBTQIA+ communities, sex workers, people with recent or long-standing migrant status, people with disabilities, minors, homeless people, and/or people with physical or mental vulnerabilities. These categories are not separated but connected, and their specific characteristics must be kept in mind for the provision of appropriate support.

6.1. LGBTQIA+



People from LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other non-heterosexual or non-gender identities) communities are at increased risk of sexual violence because they are on the margins of social norms relating to sexuality, gender identity and expression and/or sexual characteristics.

They are at risk of being rejected by their family or community due to their gender identity or sexual orientation. This can create a situation of precariousness, where they are more likely to suffer violence, including sexual violence.

6.2. Sex work/Prostitution



If a sex worker is forced to perform **sexual acts that are unwanted, non-consensual or not agreed** between the parties, this is sexual violence.

Such violence is not inherent to sex work and should not be considered a hazard of the profession. It is therefore important to take any form of violence or inappropriate sexual behaviour seriously.

The nature of sex work can create an environment where people are reluctant to report assaults, reducing their access to medical and social services and institutional protection. This can give a degree of impunity to customers who engage in violent or abusive behaviour.

Sexual exploitation:

Trafficking for the purposes of sexual exploitation and the exploitation of prostitution is the primary form of human trafficking and constitutes a serious violation of human rights.

It refers to the act of **abusing or attempting to abuse a person's vulnerability, or a relationship of unequal power or trust to obtain sexual favours, including but not limited to the offer of money or other social, economic or political advantages.**

It can take place anywhere, and involves men, women, boys and girls of any age, with or without disabilities and regardless of sexual orientation or gender identity.

6.3. Residence and migration status

Migrants, especially those in illegal situations or facing economic difficulties, are likely to be more vulnerable. For example, companies or individuals may exploit a person's precarious migratory status by threatening to report them to the authorities, thus forcing them to accept an exchange of goods and services, or exploitative living or working conditions, including sexual violence.

Migrants may be fleeing situations of conflict, violence and instability in their countries of origin, and this situation can increase their vulnerability to various types of violence, including sexual violence, during the migration process.

Many people do not talk about the violence they have experienced, although it has an impact on applications for international protection (the story, motives, taboos, inconsistencies, memory disorders, etc.) They may also encounter obstacles in accessing support services for fear of reprisals linked to their migratory status.

For people from LGBTQIA+ communities in a migratory situation, their sexual orientation or gender identity may have been the cause of their departure following violence suffered in their country of origin or during their migratory journey, including in Europe.

6.4. Language barriers

With little or no knowledge of one of the national languages, migrants or people with a migrant background may find it difficult to communicate in one or more of Belgium's national languages. This can cause difficulties in seeking help, reporting sexual violence or understanding information about the available resources.

Language barriers can also be encountered in other situations, for example deaf or hard-of-hearing signers, people with learning disabilities and/or visually impaired people may find it difficult to fill in and understand administrative documents or use certain media.

To maintain their hold, perpetrators may exploit their difficulty in communicating and their lack of access to information about their rights and the available services and resources.

6.5. Mental health problem

People with mental health problems may be more vulnerable and find it harder to report sexual assault, or have **judgement problems, communication difficulties, low self-esteem or tendencies towards isolation.**

Stigmatisation and social insecurity, as well as dependence on the care of a third party or institution that may abuse this position of power, increase the risk of sexual violence.

6.6. Addiction and substance abuse

As a reminder, there is no consent when a sexual act has been committed while taking advantage of the victim's vulnerability, caused in particular by a state of fear, the influence of alcohol, narcotics, psychotropic substances or any other substance with a similar effect that alter the victim's free will.

People with addictions, i.e. (former) users of drugs or alcohol, may be physically or emotionally vulnerable:

- They are more likely to frequent **high-risk environments**, such as environments where drug or alcohol are consumed, where the risk of sexual violence may be higher.
- **Addictive substances** can impair decision-making and judgement. A person may be less able to recognise and avoid dangerous situations while in an altered state.
- They may also be **economically or socially dependent** on suppliers of addictive substances, who may abuse their power in exchange for access to drugs or alcohol.
- They may experience **feelings of guilt, shame or stigmatisation** linked to their addiction, particularly if they are already experiencing other discrimination due to their gender identity or sex work. They may be reluctant to report sexual violence for fear of judgement or reprisal.

Whatever the circumstances, a victim - even one who uses psychoactive substances - is never responsible for the violence inflicted on them.

6.7. Homelessness

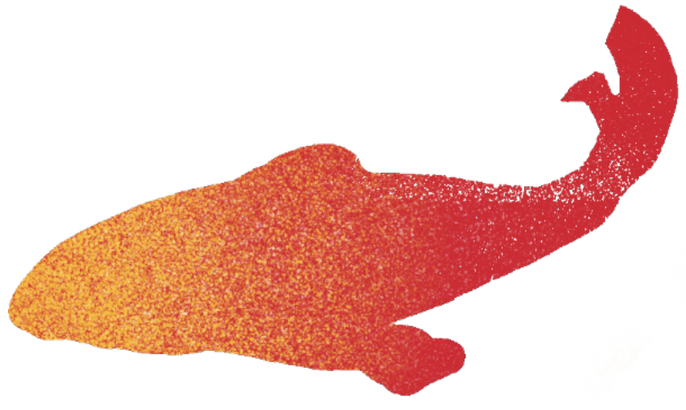
Without a safe place to sleep or rest, homeless people may be seen as easy targets, and are therefore more vulnerable to violence, including sexual violence.

Of the more than 7,000 homeless and inadequately housed people in Brussels in 2022, at least one in five were women. There are also LGBTQIA+ people who have fled dangerous family situations or been driven out by their families.

Women and LGBTQIA+ people often have a **limited support network**, making it difficult for them to seek help in the event of an assault; this can also make them more dependent on potentially abusive people. This "**advantage with limits**", which is characteristic of homelessness among women, primarily takes the form of numerous instances of domestic and sexual exploitation in exchange for a roof over their head: in families, with third parties or with relatives of undocumented or documented women.

Some women* will develop **invisibility strategies** such as not sleeping at night, changing locations every day, camouflaging their femininity or neglecting their hygiene.

The sector's mixed-sex shelters cannot always adequately protect women and LGTBQIA+ people from the risks of sexual assault, as they are potentially exposed to their abusers or dealers and move together on the streets and in shelters. There are, however, a few mixed-use and non-mixed-use areas, so that these people can be welcomed in complete safety, with services and responses adapted to the serious violence they experience.



6.8. Disability

Sexual violence against people with disabilities includes harassment, rape and attacks on sexual integrity (by care staff, other residents of their institution or relatives), sterilisation and forced abortions, or lack of access to sexuality education and relevant, appropriate information.

Violence against women with disabilities:

- People with disabilities, especially women and girls, are four times more at risk of sexual violence than other groups.
- Women with disabilities experience oppression and discrimination linked to sexism, but also to **ableism**. Ableism is a system of domination by able-bodied people over people with disabilities. This especially leads to a higher risk of abuse and violence, as well as an increased risk of invisibility, as this is an unconsidered issue.
- Given the **relationships of dependence**, vulnerability and violence they can sometimes consider to be part of their "normal" living conditions, people with disabilities themselves sometimes have difficulty detecting violence, especially if they have an intellectual disability.
- When dealing with the support services or authorities, they may **fear being misunderstood, disbelieved, discredited or shamed.** They may also fear the consequences if they make a report, including isolation, loss of freedom, placement in a care institution, or the loss of the personal assistance (for washing or dressing, for example) provided by their abuser etc.

B. TAKING ACTION IN THE EVENT OF SEXUAL VIOLENCE

1. Interview modalities

1.1. Set the scene

Put the person, their pace and their needs at the heart of the care and respect their agency:

- If the person needs **an interpreter** (foreign language or sign language), make sure it is a neutral person from outside the situation, not someone close to the victim, as there is a risk of blocking the victim's speech.
- Bear in mind that certain **situations of dependence** can be an obstacle to free speech. For example, reporting a situation can have real or imagined consequences for the victim, such as the loss of rights, privileges, freedom, essential care, being placed in an institution, and so on. They risk finding themselves in an even more vulnerable situation.
- **Do not judge** the person, whatever their specificities or situation, and show understanding of any difficulties they may have in expressing themselves.
- Take **personal and sociocultural aspects** into account during the meeting. The way to deal with intimate issues varies greatly depending on the individual's specific needs.
- Always pay attention to the victim's **behaviour**, asking if they want to take a break, have a moment alone in a quiet place, and above all, take their time.

If the victim has disabilities:

- In Belgium, there are no specialist services for disabled victims of sexual violence. They need to be redirected to existing services, despite physical accessibility difficulties (ramps, lift, adapted WCs, circulation, etc.) and communication difficulties (large-format documents, Braille, easy to read and understand, sign language interpreters, etc.)
- Forget stereotypes linked to disability (less credible speech, no partner or sex life possible, etc.)
- Remain non-judgmental for a neuroatypical or neurodivergent person, as they are often not believed, and their words, story and behaviour are attributed to their "disorder". The expression of emotions by these people does not necessarily correspond to what is typically expected. For example, they may smile during a serious, tragic situation.

1.2. Build trust

As a prelude to any possible discussion:

- **Make sure the conversation is confidential** and that the person is in a place where they feel safe. For example, some people cannot stand closed doors, while others need to be sure that no one can hear what is being said.
- **Make sure you see the victim alone** (no children, no spouse, no relatives) and, if necessary, arrange for a neutral interpreter who is sensitive to gender-based violence.
- The victim may wish to be accompanied if they are vulnerable or a minor.

1.3. Conduct the interview in a friendly manner

During the interview:

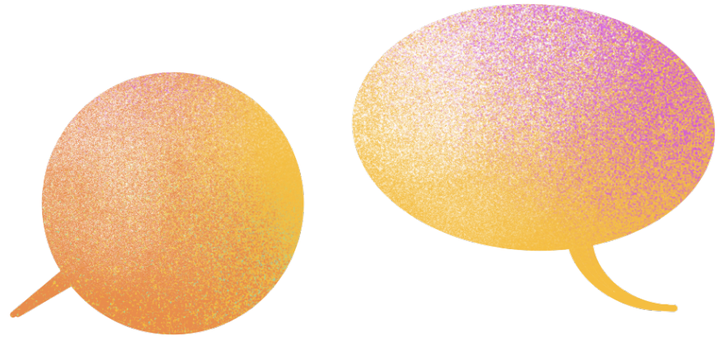
- **Respect the person's pace** and accept that the resources used are not always sufficient for the story to open up.
- **Let the person give a spontaneous account,** then ask increasingly specific questions to avoid influencing them (especially for vulnerable victims or minors).
- If the victim is a minor, avoid asking specific/leading questions about the facts until a TAM (techniques for interviewing minors) hearing has been carried out. This avoids the risk of collusion.
- **Do not insist that the victim tell the story,** as repetition is a form of secondary violence.
- **Demonstrate that you are available and caring** to avoid secondary victimisation.
- **Bear in mind that this may be the first time** the person has spoken out.
- **Understand that the person talking has already overcome a number of obstacles before doing so:** fear of being judged, shame, guilt, fear of reprisals, fear of doing the wrong thing, etc.
- **Recognise the victim as a victim:** it is vital that the person feels heard and believed because a positive social reaction reduces the risk of post-traumatic stress.

DO NOT...

- ✘ Judge
- ✘ Question what is said
- ✘ Trivialise or minimise statements, for example by saying "everything's going to be fine"
- ✘ Seek to establish the objective truth of the facts
- ✘ Make promises
- ✘ Insist, try to find out (too much)
- ✘ Ask leading questions
- ✘ Touch the person without their prior consent, including for medical procedures
- ✘ Appear distracted (e.g. looking at your screen or watch)

INSTEAD...

- ✔ Make yourself available
- ✔ Reassure, be patient and calm
- ✔ Let the person express their fears, difficulties and emotions.
- ✔ Respect the pace of their speech and accept silences
- ✔ Recognise the person's experiences and their courage to speak out and believe them, regardless of their specific needs.
- ✔ Bring them back to reality with breathing exercises if necessary
- ✔ Explain what happens next
- ✔ Pay attention to who is accompanying the victim and their relationship (it may be a perpetrator of violence)
- ✔ Provide clear and explicit information



Here are some examples of questions that can help you identify sexual violence:

- Has anyone ever hurt you?
- Did someone do something without your consent, even if you had not said no?
- What was your childhood like?
- Are you afraid of anyone?
- Have you ever had a bad encounter in life? (Example: come across someone behaving inappropriately or improperly)
- Do you think it would be important to arrange psychological support for difficult situations you may have experienced in relation to your body and intimacy?

This list is non-exhaustive, and the questions asked must correspond to your mandate.

> Further information: www.who.int/fr/publications/i/item/9789240001411

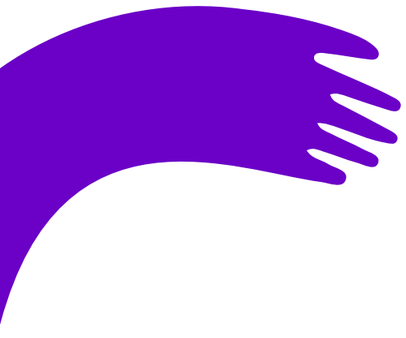
2. Action to be taken after identification

In some cases, it may be appropriate to support the person in front of you, respecting their consent and wishes, and giving them the information they need to make free and informed decisions.

In other cases, the emphasis may be on listening before acting. The person sometimes needs to talk and confide, and needs time before more concrete decisions can be made.

Even if you have identified a person as an alleged victim, they may not feel victimised and therefore will not ask for help.

2.1. Initial measures



- **Assess the** person's **level of safety.**
- **Evaluate the victim's network,** as this is a key risk factor (absence of a network) or protection factor (presence of a supportive network) for victims. If they do not have a supportive network, the victim runs an additional risk of re-victimisation, developing post-traumatic stress disorder, etc.
- Collect and coordinate all the information from the psychological, social and medical teams.

2.2. Refer the victim to a Sexual Assault Centre (SAC)

Refer the person to a specialised Sexual Assault Centre (SAC):

- SAC teams are specifically trained to provide multidisciplinary assistance (medical, forensic, psychological, police, etc.)
- They are on call 24/7.
- SAC care is free, regardless of the victim's status!

What a SAC can do for a victim and how to get help depend on when the sexual violence took place. Some advice for the victim:

- Report as soon as possible after the event.
- Bring as many items as possible that may contain traces of the perpetrator, preferably in a paper bag: clothing, sheets or bedding, condoms, sanitary towels, toilet paper, etc.
- Try not to urinate, or collect the urine in a jar and take it to the SAC.
- As far as possible, avoid eating, drinking or washing to preserve any traces.

If the sexual violence occurred more than a month ago, the SAC is empowered to redirect the person depending on their specific needs.

> Further information: sac.belgium.be/en



2.3. If the victim does not want to go to the SAC

Don't insist and instead accept their choice. Remain attentive and available, and invite them back when they are ready. Note, however, that medical and professional secrecy may be waived in the event of imminent danger.

If you are a doctor, this is what you can do:

- **If necessary, if your mandate allows and if you have the person's consent, carry out a physical examination, with the victim's consent,** based on anamnesis, to look for traces of lesions, blows or injuries.
- Check the victim's vaccination status.
- **Prescribe laboratory tests** for sexually transmitted infections (in the event of rape) as well as treatment.
- **If relevant, carry out a pregnancy screening** and explain the options available if the victim states that the pregnancy is unwanted, including the provision of emergency contraception if time limits permit.
- **Assess the** victim's **need for psychological support.**
- **Inform them of the contraceptive methods** available.
- **Prepare a medical report on the violence suffered** (physical, sexual and psychological).
- **Where necessary, refer to specialised services** (see map).
- **Suggest an appointment after each outpatient visit** to review the situation with the person and ensure that the care trajectory is properly coordinated.

2.4. Specific case: sexual violence in the context of migration

- If the person is an asylum seeker and needs to establish that they have been a victim of sexual violence, contact the organisation Constats.
- Pay attention to the person's status and plans. If the person does not intend to remain in the country, psychological support can put them at risk, as it involves upsetting their survival mechanisms and requires medium- to long-term follow-up.
- The individual must remain at the centre of their trajectory, and their consent must be obtained for any steps taken by a third party (from the reception network or an external partner).
- If the person is in Belgium illegally, make them aware that filing a complaint may expose them to the risk of deportation. However, in the event of domestic violence, it is possible and even advisable to make a report, as the case of illegal residents is very specific and must be handled by specialised institutions such as the Ciré or the CPVCF or the CAW.

3. Competent services

The main services responsible for individual care:

- Sexual Assault Centres (SAC): open 24/7, for medical and psychological care, legal examination and the possibility of making a complaint. sac.belgium.be/en or +32 (0)2 535.45.42
- SOS Viol or the freephone number 0800 98 100: chat and confidential listening for anyone affected by sexual violence, whether a victim, a relative of a victim or a professional, regardless of gender or sexual orientation. www.sosviol.be
- Centrum Algemeen Welzijn (CAW), for the Flemish Community: reception, telephone consultations, legal, social and psychological support, crisis management, reception and housing, prevention. www.caw.be and the freephone number 0800 13 500

> Further information:

www.stop-violence.brussels/en/mapping-services