

SEXUAL ASSAULT CARE CENTRES IN BELGIUM AS AN ESSENTIAL TOOL AGAINST REVICTIMISATION

Prof dr Ines Keygnaert, ENCLAVE end conference, 12012023, Brussels



International Guidelines holistic care victims of sexual violence

Holistic & Multidisciplinary:

Forensic + Medical+Psychosocial

Same time & Maximally concordant

- Better quality of care
- Quicker & better chances of sustainable recovery
- Less chances of revictimisation

Models: referral centres (-> SARCs, SATU, SANE, SACC, CSG,...)



Holistic care of SV victims

“When caring for victims of sexual violence, the overriding priority must always be **the health and welfare** of the patient. The provision of medico-legal services thus assumes secondary importance to that of general health care services (i.e. the treatment of injuries, assessment and management of pregnancy and sexually transmitted infections (STIs)). **Performing a forensic examination without addressing the primary health care needs of patients is negligent.** Concern for the welfare of the patient extends to ensuring that patients are able to maintain their **dignity** after an assault that will have caused them to feel humiliated and degraded. In addition, medical and forensic services should be offered in such a way so as to **minimize** the number of invasive physical examinations and interviews the patient is required to undergo.” (WHO 2003)

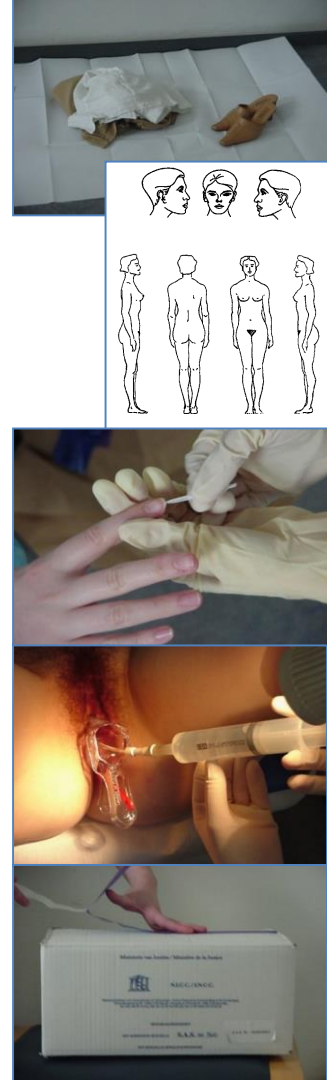


Focus in Belgium was mainly forensic : Sexual Aggression Set (SAS) (uptil 2017)

Body of the victim = “crime scene”: **source of DNA assailant**
-> SAS: document injuries, safeguard traces, facilitate
judicial proces, protect society

- I. Anamneses
- II. Clothes collection
- III. Physical examination
- IV. Biological samples
- V. Ano-Genital examination
- VI. Toxicologic examination
- VII. Treatment & administration

- Very invasive & traumatising
- Barrier: file a complaint first
- Not patient/child- centered nor holistic care
- Lucky with doctor/hospital you go to





Process of political scene setting

Research SV prevention & response globally since 1994...

WHO Collaborating Centre on SGBV

Protocol dvlp Ghent University Hospital since 2004, trainings to other hospitals

Input national action plan on GBV: more attention to SV

Media attention since 2008

Hearings in Parliaments

Round tables with policy makers and experts since 2013

Checklist for optimal care of victims of SA in Belgian hospitals

Feasibility study in Eastern Flanders in 2014





Convention of Istanbul on Violence against women

Lobbying to make Belgium ratify the Istanbul Convention on violence against women which means that they engage in:

1. “Consent” being a core concept in violence definition -> if no consent was given= violence=crime (art.36)
2. Register violence exposure & **research** (art.11)
3. care: guarantee that victims are provided with judicial support (art.55-57), psychocological, financial assistance as well as support to find housing, education, training and employment (art.20)
4. **Healthcare: have adequate and accessible SGBV crisis and referral centres providing medical and forensic research and medical, trauma and psychosocial aid (art.25)**

Belgium ratified in March 2016, applicable since July 2016



Feasibility study Belgian SARCs

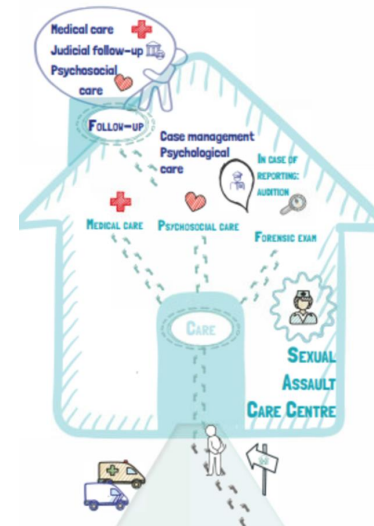
Upon cartography best practices, lessons learned, existing models and state of the art in Belgium:

Development of a SARC model that:

1. Is evidence based,
2. Applies international guidelines,
3. Offers holistic and quality care
4. Is patient-centered in every step

Dialectal process with experts in 4 working groups (Judicial, Forensic, medical & psychosocial)

- + close collaboration with IEWM & federal government
- + Interdisciplinary workshop (8/10/16): finalisation & validation
- + “go” for piloting from government (dec 2016)





3 KEY FUNCTIONS CREATED & SPECIFICALLY TRAINED

SACC model was concretised into:

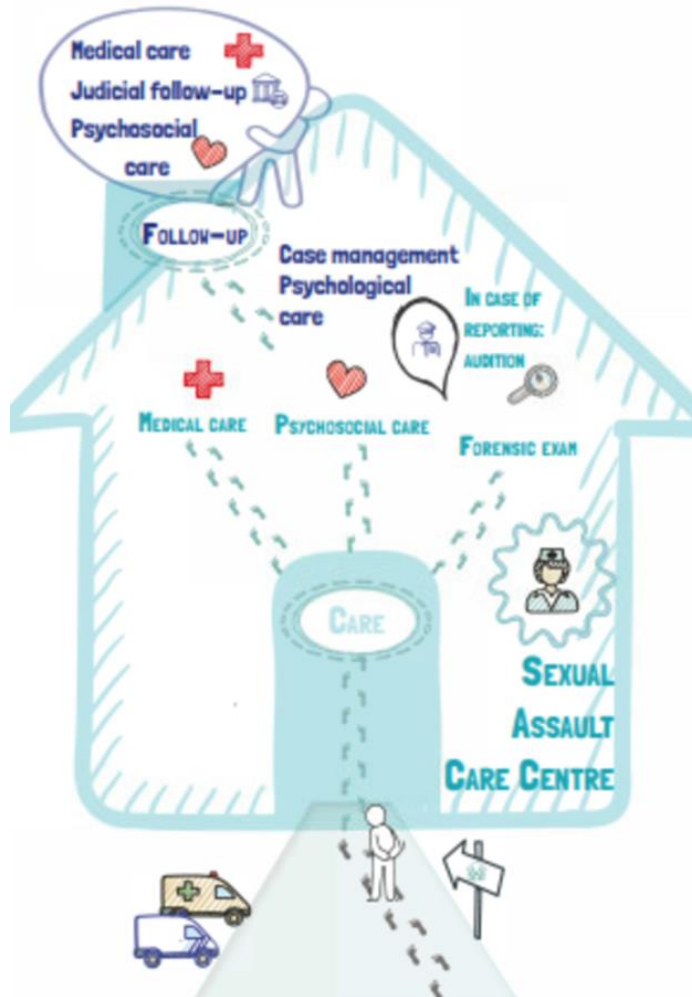
A holistic care pathway,
Handling plans &
standard operating procedures

for 3 key collaborators:

- Forensic nurses
- Sexual trauma psychologists
- Vice inspectors



In addition: all received a specific in-depth training developed by UGent-ICRH



SACC:

- ✓ Under 1 roof
- ✓ Multidisciplinary patient-centered medical, forensic and psychosocial care
- ✓ Criminal justice investigation
- ✓ Child protection
- ✓ Long term follow-up



“SEXUAL ASSAULT CARE CENTERS” (SACC): 24/7

Acute phase

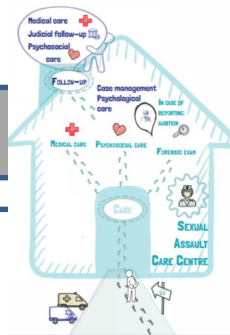
Forensic Nurse provides:

- First psychological aid
- Medical care
- Forensic examination (<1 week) with

Forensic Roadmap

-> For minors up to 15y: with pediatrician!

Possibility of an interrogation by vice inspector
At the SACC (minors: TAM)



Follow-up phase

Follow-up care:

- Coordinated by SACC casemanager
- in collaboration with existing medical (ao HIV& STI prevention & treatment), psychosocial and legal services

Psychological support by (child) trauma psychologist

For victims presenting within 1 month upon sexual victimisation
All ages



Forensic Roadmap bridges interests of victims with the ones of healthcare, police & justice

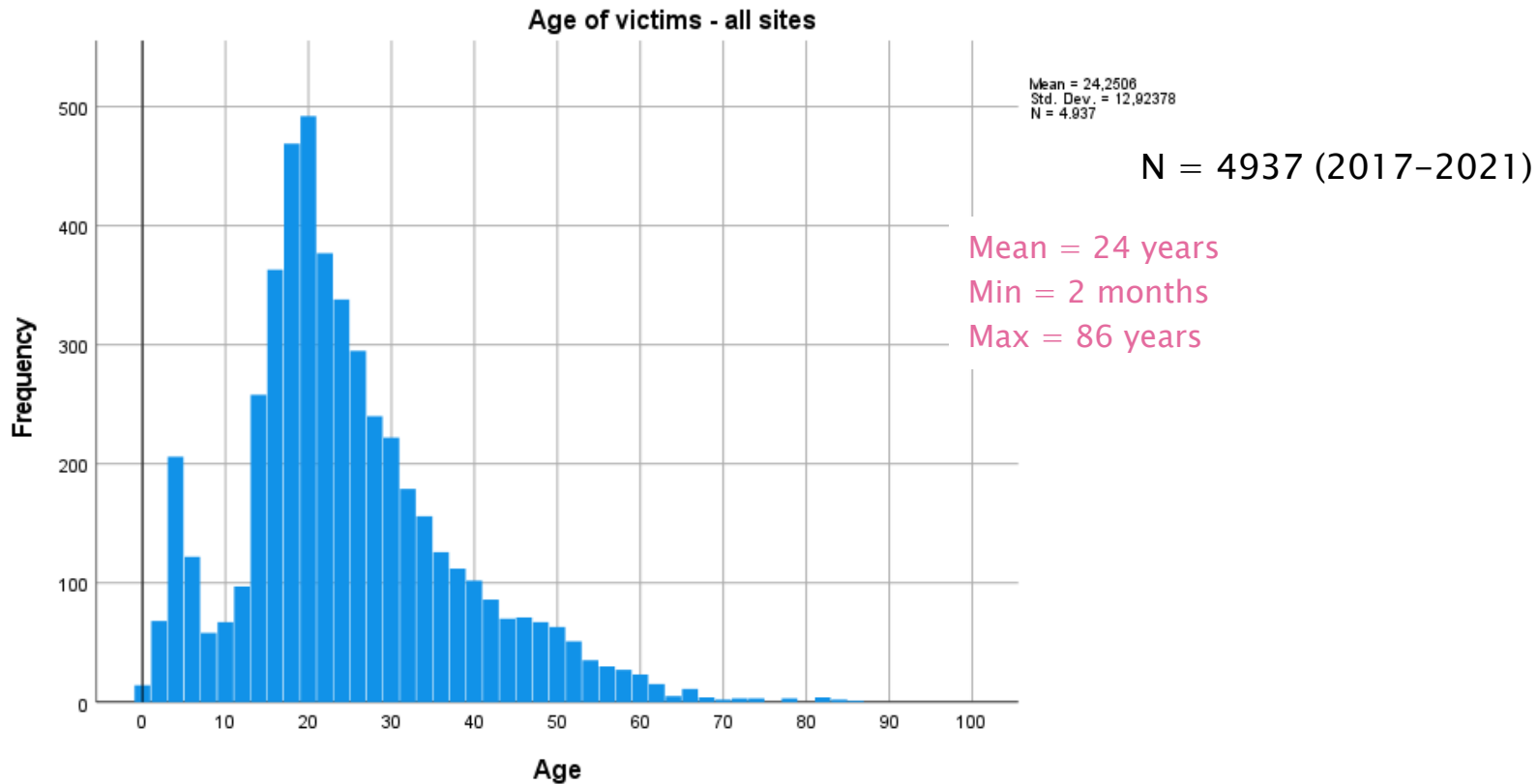
Measure	Sampling	Timing	Procedure
Kissing/licking/biting/sucking/spitting	Swabs: lips, peri-oral, mouth, nipple, skin area	Not when washed (water/soap/scrub), when not washed: up to 3 days	when dry: Double Swab Method (DSM), when moist: 1 dry swab per region
Vaginal intercourse	Swabs : vulval/perineal, perianal, low vaginal	Up to 3 days	when dry: DSM, when moist: 1 dry swab per region
	Swabs drainage: thighs, groin crease, buttocks, mons		DSM / Flog swab
	Swab Anal canal		1 dry (Flog) swab
	Swab high vaginal (blind) OR	Case-by-case basis. Always up to 3 days (blind swab), under circumstances up to 7 days (permission speculum)	dry swab speculum
	(When permission for speculum swab high vaginal (forcoices) swab cervical)		1 dry (Flog) swab
Anal intercourse	Swabs: perianal, anal canal	Up to 3 days	when dry: DSM, when moist: 1 dry (Flog) swab per region
	Swabs drainage: thighs, groin crease, buttocks, mons		when dry: DSM, when moist: 1 dry swab per region
	Swabs: vulval/perineal, low vaginal		when dry: DSM, when moist: 1 dry swab per region
	Swab high vaginal (blind)		1 dry (Flog) swab
	(When permission for speculum) (swab high vaginal) (swab cervical)		dry swab speculum 1 dry (Flog) swab 1 dry (Flog) swab
Oral intercourse (penis into mouth)	Oral swabs	Up to 1 day	2 dry (Flog) swabs
Oral intercourse (mouth to genitalia)	Swabs: vulval/perineal, perianal, low vaginal, anal canal	Not when washed (water/soap/scrub), when not washed: up to 3 days	when dry: DSM, when moist: 1 dry swab per region
Digital penetration (anal)	Swabs: perianal, anal canal	Up to 2 days	when dry: DSM, when moist: 1 dry swab per region

“Forensic Roadmap”

- Developed with all Belgian DNA-labs, with professors in forensics/genetics & forensic drs, gynaecologists
- Detailed document, **age-specific**
- Only swaps, acc to physical contact
- No specula (unless cervix if presentation + 6–7 days)
- Not only sperm, also saliva & other traces
- Instead of 72 hours -> up to 1 week
- Same procedure complaint or not/later
- Possibility to press charges at SACC
- Possibility to seize well-stored evidence later
- **For minors: indefinite storage of evidence**

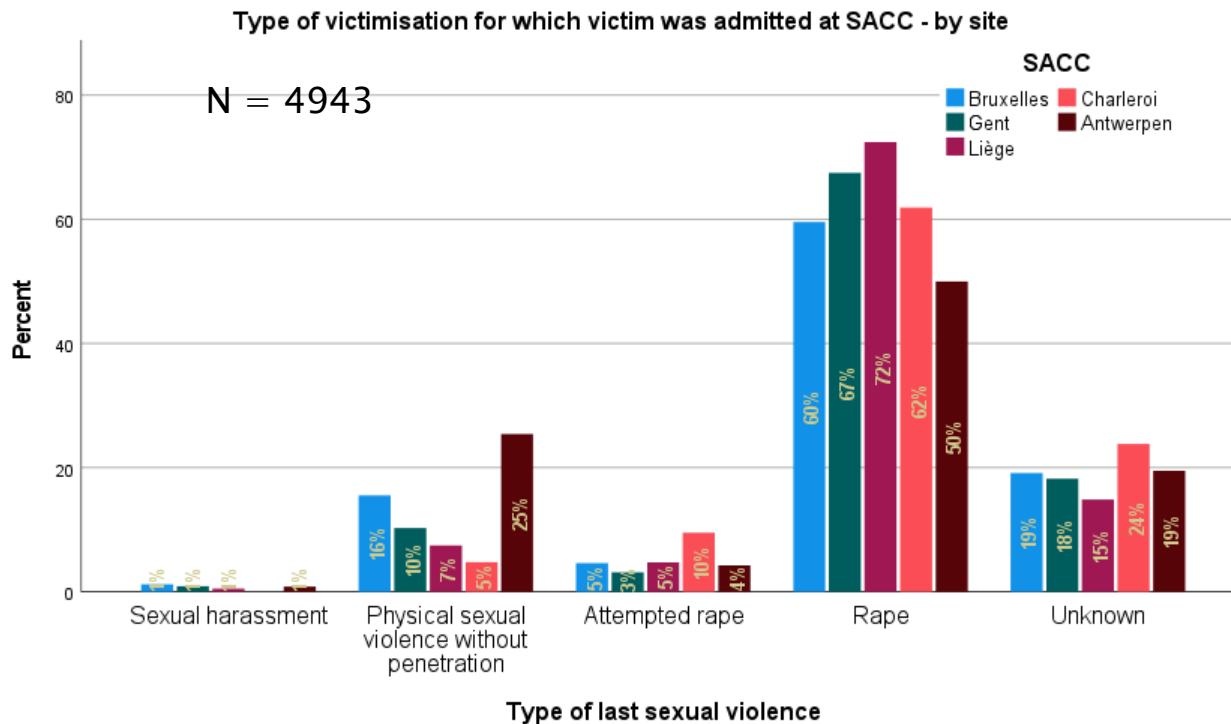


VICTIMS OF ALL AGES: YOUNGEST 2 MONTHS AND OLDEST VICTIM 86 YEARS OLD, 1 / 3 ARE MINORS



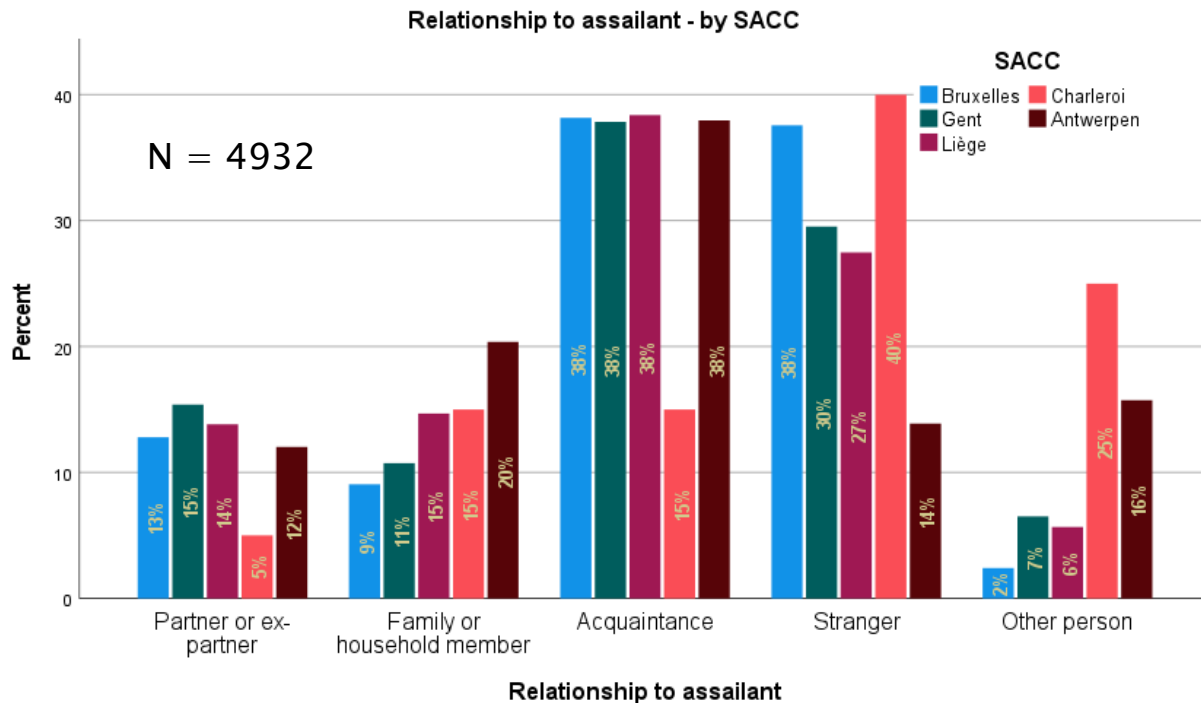


65% PRESENT AS VICTIMS OF RAPE



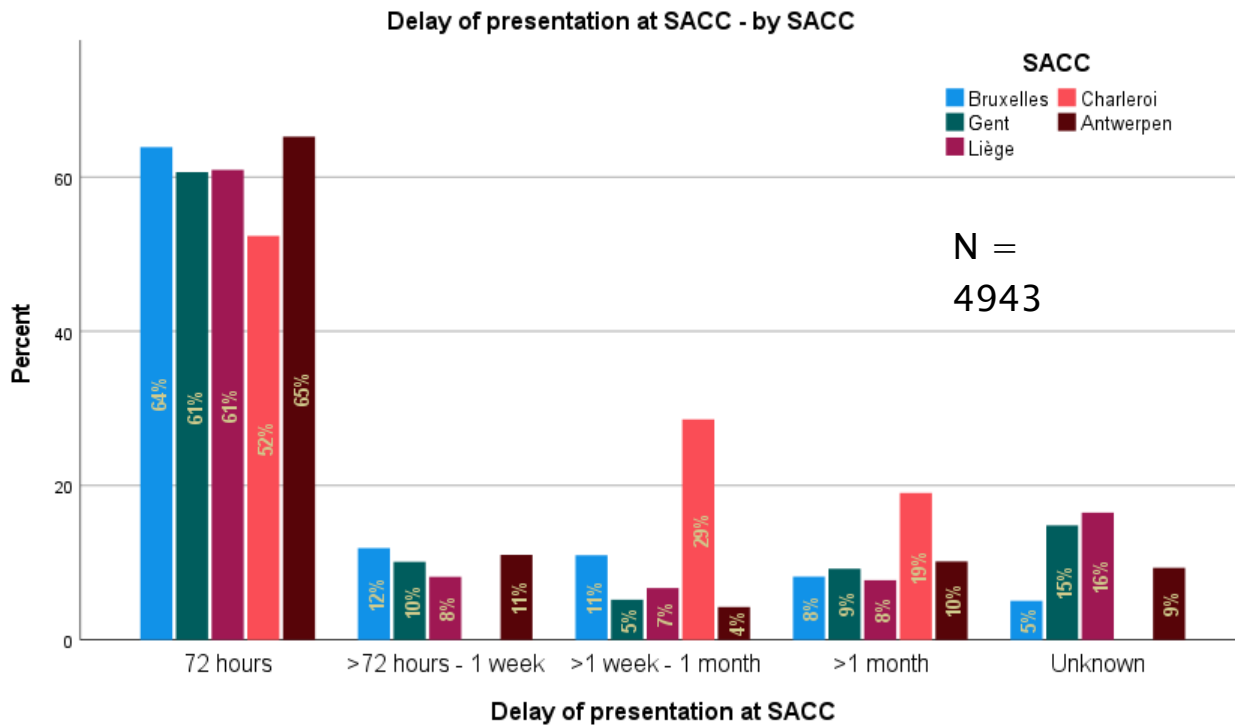


25% ASSAILANT IS FAMILY MEMBER, 38% KNOWN PERSON





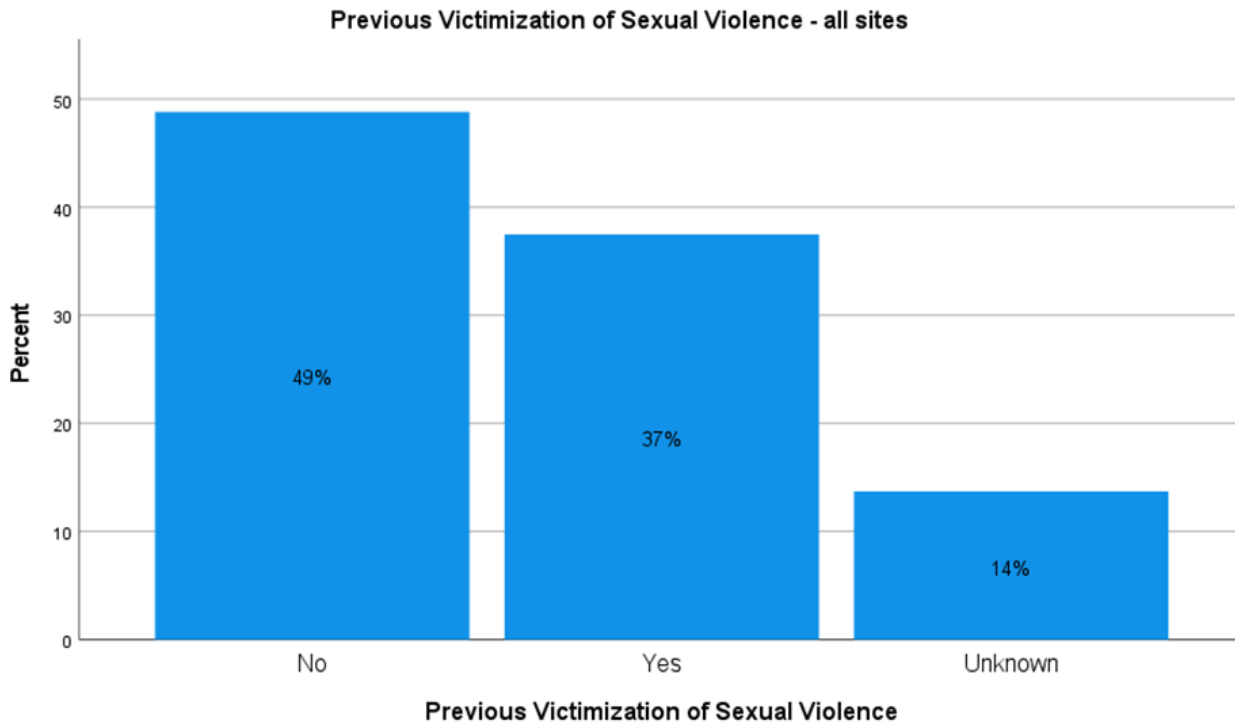
72% ADMITS WITHIN 7 DAYS UPON THE VICTIMISATION





1 OUT OF 3 HAD ALREADY BEEN VICTIMISED BEFORE FIRST PRESENTATION AT SACC

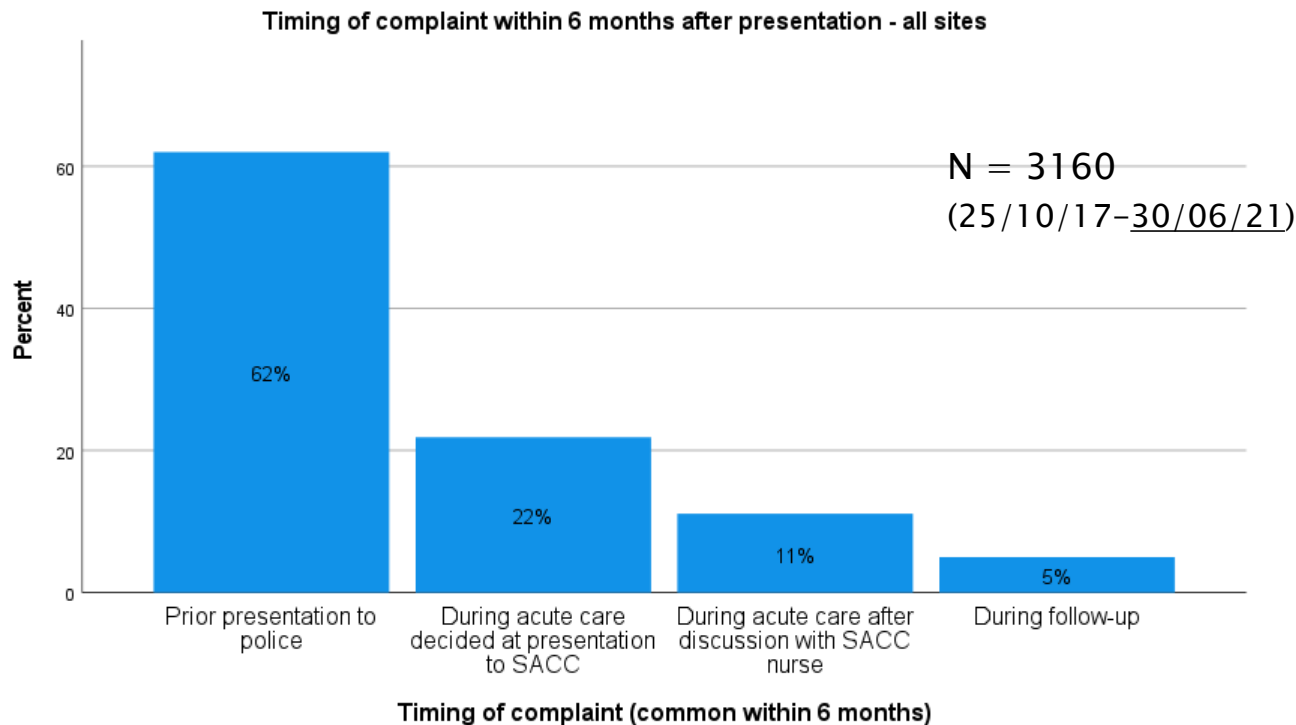
N= 4804







64% FILES A COMPLAINT WITHIN 6 MONTHS, 33% OF WHICH DO SO AFTER DISCUSSION WITH FORENSIC NURSE





THE CARE HAS BEEN POSITIVELY EVALUATED BY VICTIMS AND THEIR SUPPORT FIGURES

“Here in the SACC it is somebody who is used to, who knows how, immediately.... Somebody competent who knows how to react, which questions to ask, which sentences to say [...] Moreover, the psychologist suggested to also see the family as... Well yes... It’s a trauma to us all »

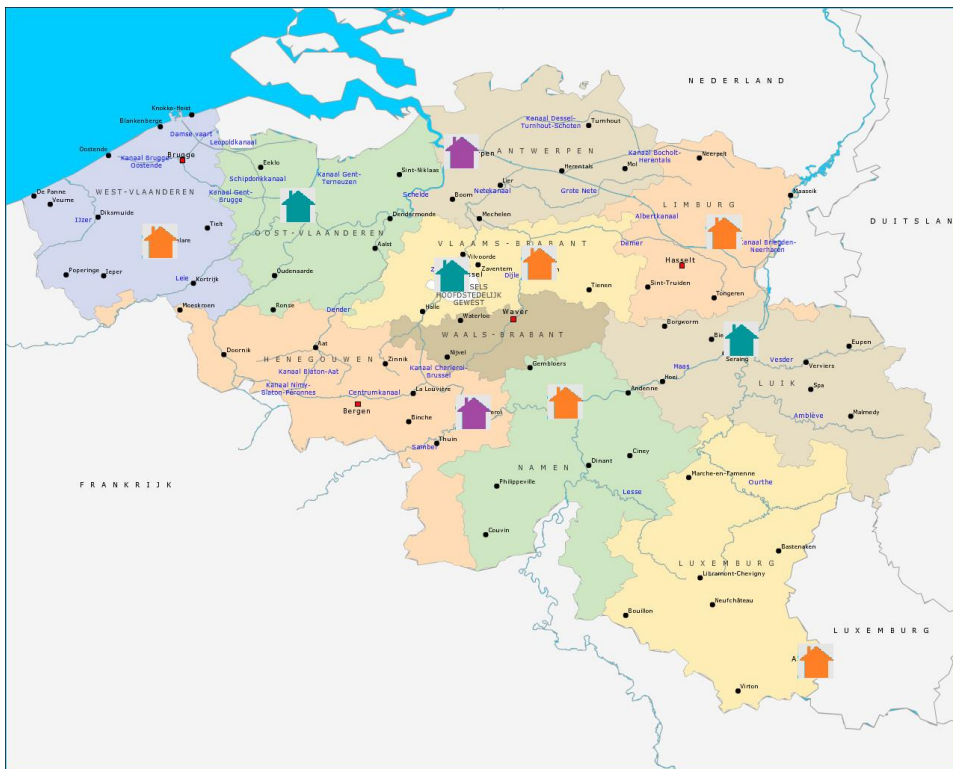
Parent of a young victim, SACC Brussels
Evaluation report SACC, Baert & Keygnaert 2019



SCIENTIFIC EVALUATION SHOWS THAT SACC ALSO MEET THE NEEDS OF FORENSIC EXPERTS AS WELL AS LAW ENFORCEMENT OFFICIALS

'It becomes extremely difficult to miss traces, with all different types of traces that are being collected now' Forensic DNA-lab expert

'Not only are the interrogations and the reports now better with the vice inspectors, the fact that victims can now file a complaint later but forensic investigations have been done and samples have been well preserved, and we can then confiscate them, we now have a greater "window of opportunity".' General prosecutor



SACCs 2017:

- Ghent
- Brussels
- Liège



nov 2021

- Antwerp
- Charleroi



2022-2023

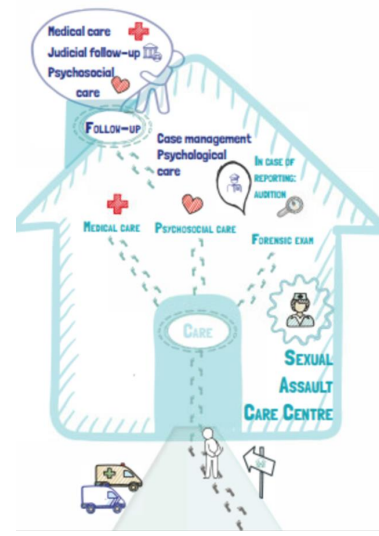
- Roeselare (March 22)
- Leuven (June 22)
- Namur
- Genk
- Arlon





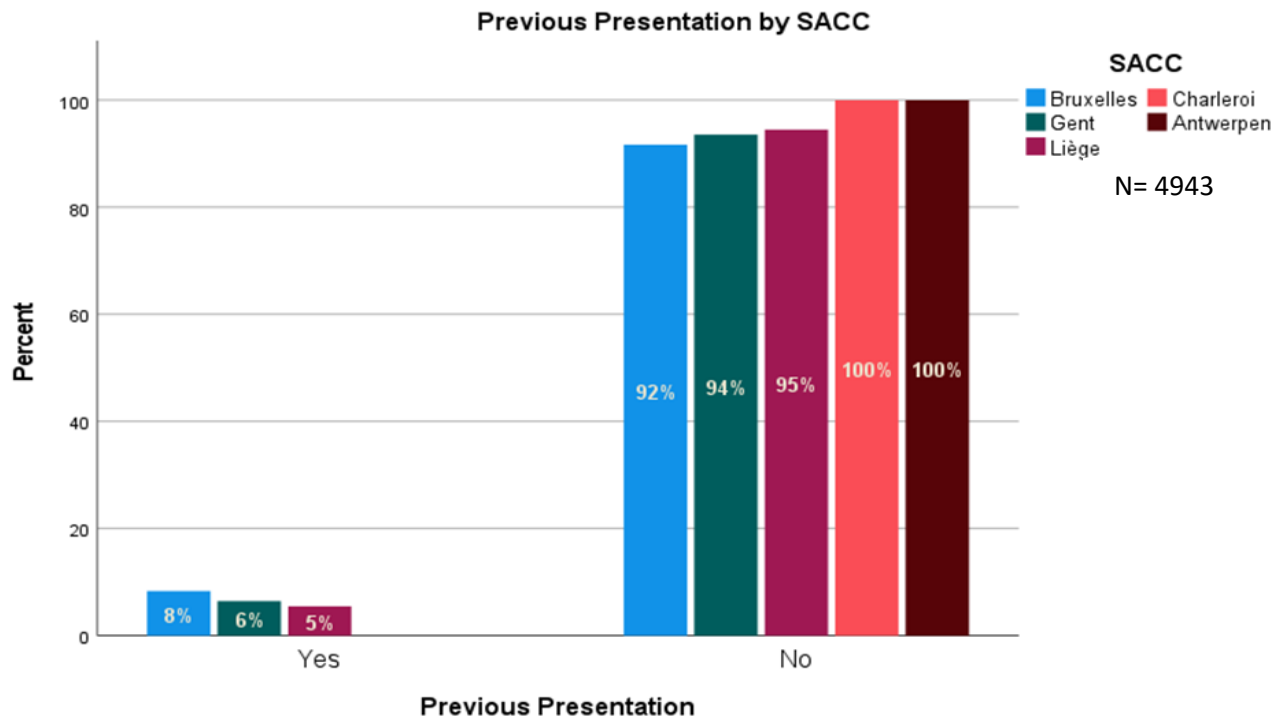
SACC DEFINITELY MEET THE NEED OF VICTIMS OF ACUTE SEXUAL VIOLENCE IN BELGIUM, YET

- In press ministers emphasize high rate of complaints and need to press charges instead of care for victims
- National roll-out is still ongoing, many questions on how to...?
- Monitoring & registration system we developed is still implemented and change fase to a protected system allowing direct data extraction from electronic patient health files ongoing
- Decision to hand over monitoring & evaluation to a governmental institute in criminology and trainings to a logistic organiser
- Worry whether victim centredness will prevail...





BY THE END OF 2021: 7% RE-ADMINISTERED TO SACC FOR A REVICTIMISATION, NECESSARY TO ADAPT CARE PATHWAY FOR THOSE VICTIMS?



Prof dr Ines Keygnaert

Operational Director ICRH, Team Leader Gender & Violence Team

Saar Baert & Elizaveta Fomenko

Researchers SACC

ICRH

E ines.keygnaert@ugent.be
saar.baert@ugent.be
elisaveta.fomenko@ugent.be

T +32 9 332 35 64



• Ghent University



@ugent



Ghent University

• www.ugent.be