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LINKING RESEARCH TO POLICY: THE CASE OF THE SEXUAL ASSAULT CARE CENTERS IN BELGIUM

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KANTL, Ghent

1. INTERNATIONAL GUIDELINES HOLISTIC CARE FOR VICTIMS OF SEXUAL VIOLENCE



Sexual violence might induce broad range of adversities in victim, peers, offspring and community

Psychological: shock, PTSD, depression, anxiety, low self-esteem, phobia, aggression,...

Physical: bruises-> genital lacerations-> death

Sexual & Reproductive: STI's, sexual dysfunction, unwanted pregnancy, infertility,...

Socio-economic: drop-out, stigma, expulsion,...

Risk for revictimisation & perpetration!



International Guidelines holistic approach

Holistic & Multidisciplinary:

Forensic + Medical+Psychosocial care:

Same time & Maximally concordant

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

Models: SARCs, SACCs, SATUs, SANEs, CSG, ...

(WHO 2003, 2015; CDC 2015–2017; Spec Issue 27 ObsGyn 2013)



Holistic management 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*)

2. CARE FOR VICTIMS IN BELGIUM

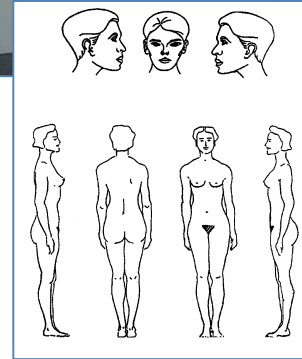
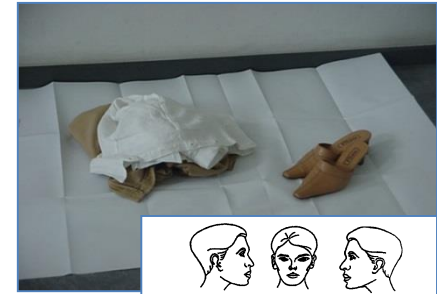


Focus in Belgium = forensic: Sexual Aggression Set (SAS)

Body of the victim= “place delict”: **source of DNA assailant** → SAS: document injuries, assuring forensic samples, enhance 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

- Invasive/ traumatising
- Barrier of filing a complaint first
- Not patient-centered & no holistic care
- To be lucky with doctor/hospital you go to



3. PROCESS OF POLITICAL SCENE SETTING

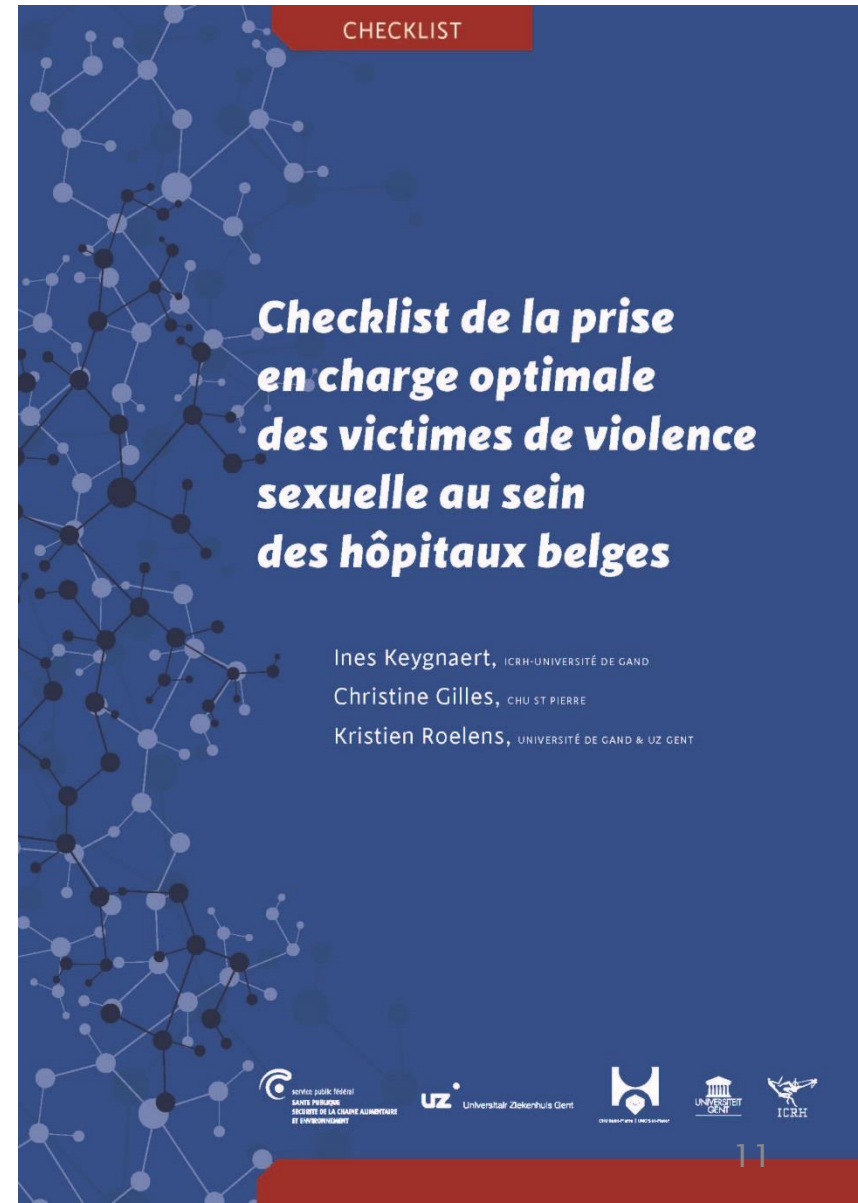


ICRH since 1994 research, education & service delivery on SV

- Research SV globally ...
- WHO Collaborating Centre on SGBV
- Development of tools and prevention instruments
- Protocol dvlp UZ Gent since 2004
- Training and protocol coaching of other hospitals since 2009 for Federal Service Public Health
- Courses in curricula health care workers
- Input national action plan: active lobbying more attention to SV
- Media attention
- Hearings in Parliaments
- Round tables with policy makers and experts since 2013
- > Feasibility study SARCS at regional level in 2014



Intermediate goal: national guidelines provision





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)



Convention of Istanbul on Violence against women

4. Healthcare: have adequate and accessible SGBV crisis and referral centres providing medical and forensic research and medical, trauma and psychosocial aid (art.25)
5. Asylum seekers & migrants: right to claim for asylum and stay in a country independently of husband or other kin (art 59-60)

Belgium ratified in March 2016, applicable since July 2016

3. THE MAKING OF BELGIAN SACCS



Feasibility study Belgian SARCS

september 2015– november 2016

2 working visits to SARC London & CSG Utrecht with interdisciplinary expertgroup

4 literature studies on models & accessibility

Cartography of current and desirable approach:

- Survey 17 hospitals with Aids Referral Centres
- Victims: female & males, in-depth interviews
- Police: semi-structured interviews & survey
- Justice: semi-structured interviews

SWOT analysis



Feasibility study Belgian SARCs

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
5. With experts in 4 working groups (Juridical, Forensic, medical and psychosocial + **close collaboration with government** + Interdisciplinary workshop (8/10/16) finalisation & validation

Budget piloting & roll-out

Validation of model and final report on 9/12/17 by interdisciplinary working group & Secretary of State of Equality



Preparation of SACC- piloting

Appointed to pilot “**Zorgcentra na Seksueel Geweld**” (SACC) in 3 cities: Ghent, Brussels, Liège

January 2017–October 2017

- Refining & validation of model in procedures i.c.w. expert groups & all relevant Ministers separately+together, as well as with College of Prosecutors, all directors hospitals, justice, police,..., ...
- Dealing with opposites of change in law and practice
- Dealing with media who want the scoop,...
- Covenants and collaboration agreements with all partners
- Recruitment & Training of SACC forensic nurses, psychologists and SACC inspectors: **3 new functions in Belgium!**



Opening SACC Nov 9 2017

UZ Gent opent eerste Zorgcentrum na Seksueel Geweld Al 4 aangiftes in één week

10/11/2017 om 01:57 door tsa



Zorgcentra na Seksueel Geweld moeten slachtoffers deskundig helpen

09/11/17 om 11:13 - Bijgewerkt om 11:13
Bron: Raigo

In het Sint-Pietersziekenhuis in Brussel heeft staatssecretaris Zuhair Demir (NV-A) van Gelijke Kansen een 'Zorgcentrum na Seksueel Geweld' voorgesteld. In zo een centrum, er zijn er ook in de universitaire ziekenhuizen van Gent en Luik, wordt aan slachtoffers van seksueel geweld specifieke, aangepaste hulp geboden.

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Keer gedeeld



Lees later

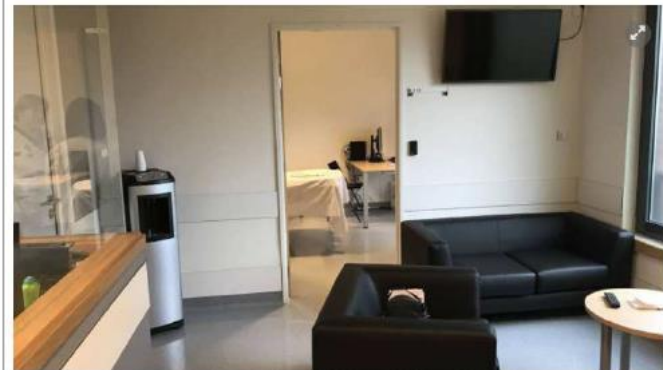


"320 rue Haute", le centre de prise en charge des victimes de violences sexuelles ouvre à Bruxelles

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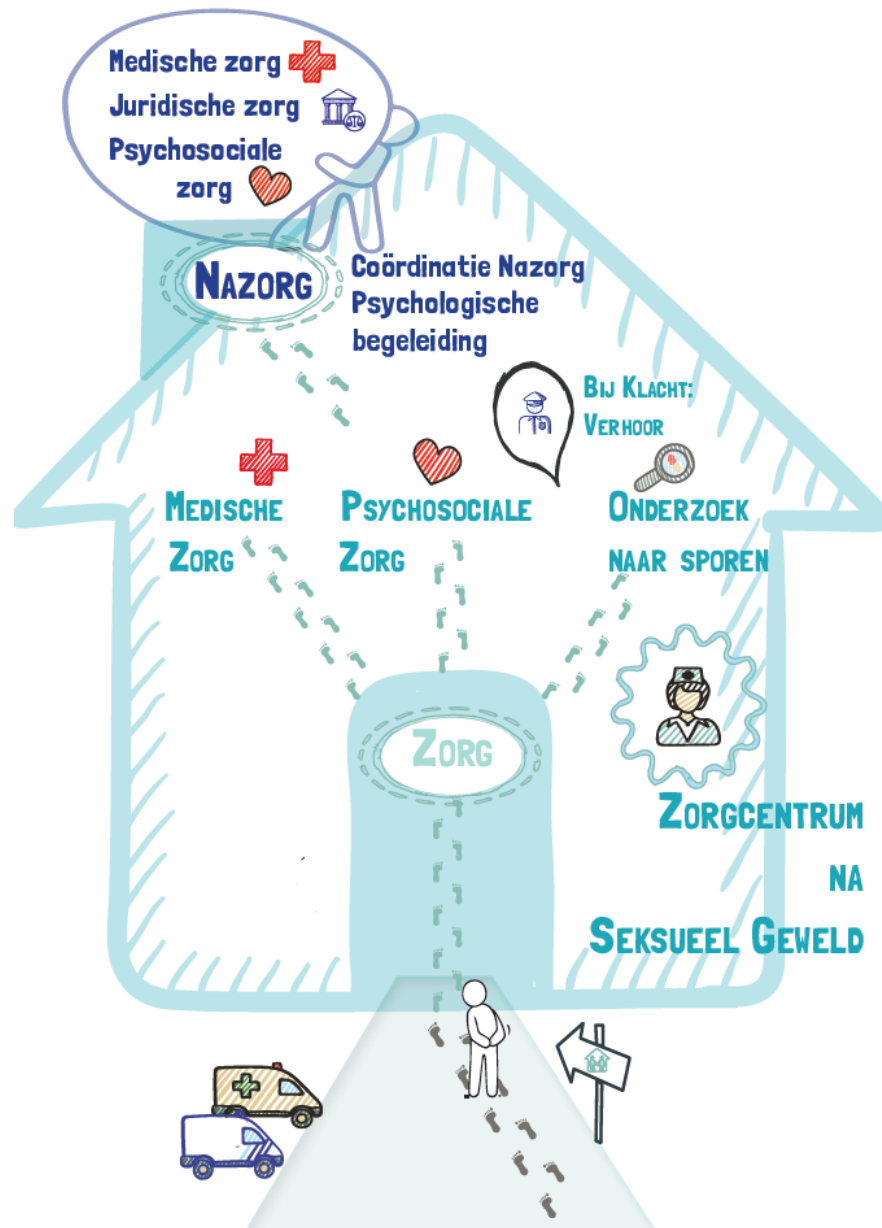
Bruxelles, Liège et Gand: les victimes de violences sexuelles prises en charge dans les hôpitaux



A Liège, le centre de prise en charge des victimes de violences sexuelles est installé au service des urgences de l'hôpital des Brûlés du CHU - © Tous droits réservés



Model SACC





Future SACCs

Nov 2017–Oct 2018: Scientific evaluation 12 months

Nov 2018– Feb 2019: Scientific report+ recommendations
national roll-out

**If positive scientific evaluation & sufficient budget by end of
2018– early 2019:**

- Change or validation of SACC model
- Change of law
- Roll-out of SACCs in other cities/provinces

BUT:

- Secretary of State = about to deliver baby now= need for proof/media attention/budget allocation now
- ELECTIONS coming up: regional (oct 2018), national (June 2019)



Lessons learned:

- It does not take 2 but many to tango
- Learn how to tango: listen, follow, give in, take the lead, tease, appease,...
- Be respectful and know when to shut up
- Yet!: Know your stuff and dare to plead/convince when/where necessary
- Be constructive
- Make allies & get friends with enablers
- Be reliable
- Be accessible and make time for policy makers (*or: learn to sleep less*)
- Be confident and go for it!

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many thanks for your attention & get a good night of rest!