

# Prevalence of drug-facilitated sexual assault in Belgium

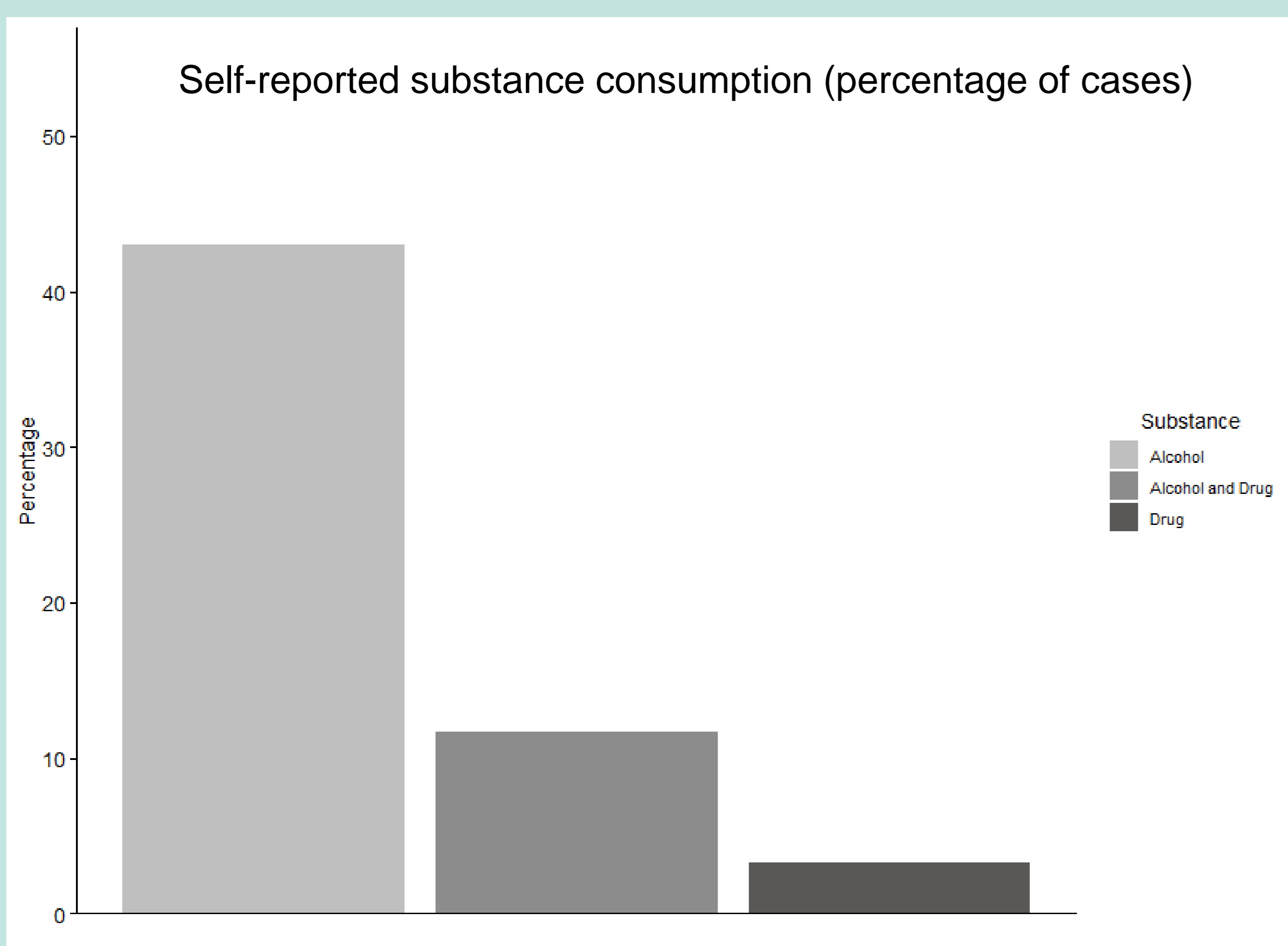
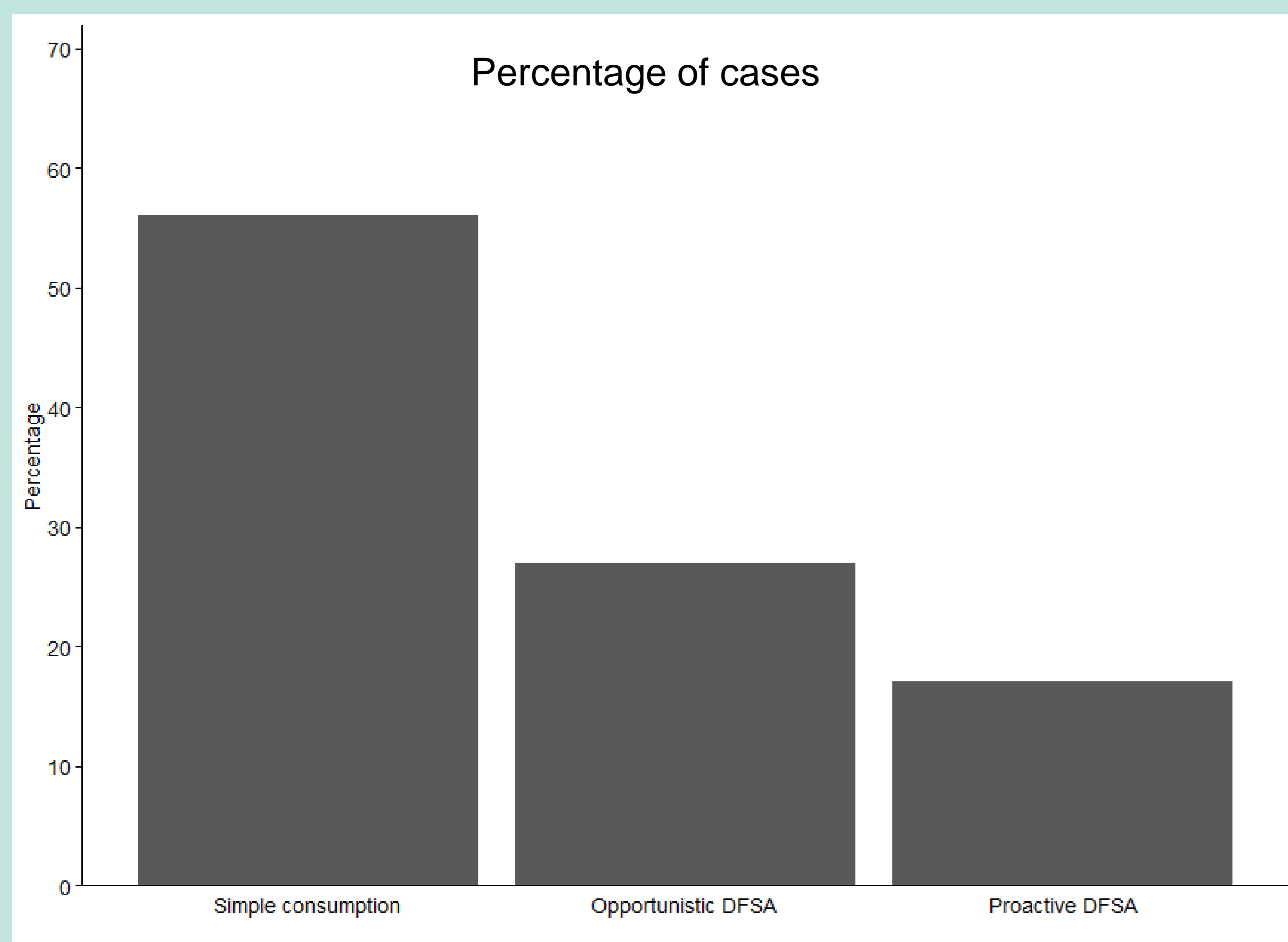
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## Method

This study is a retrospective analysis of data from the "sexual assault centers" in Brussels, Ghent, and Liège collected between October 2017 and October 2018.

## Results



## Conclusion

The results of the present study confirm the high prevalence of DFSA in Belgium. Indeed, the data collected by the sexual assault centers indicate that a psychoactive substance is frequently involved in sexual violences. They also show that opportunistic DFSA are much more common than proactive DFSA. Among opportunistic DFSA cases, the most frequently consumed substance is alcohol. These results are consistent with those found in the literature (1, 2, 3).

The delay between the sexual assault and admission to a center is longer when a psychoactive substance is involved. This prolongation can be attributed to the effects of the substance, such as amnesia or confusion, as well as feelings of guilt and shame. Indeed, DFSA victims seem to experience these feelings more intensely than victims of assaults without substances (4). The willingness to file a complaint is also negatively affected by the presence of a psychoactive substance during the assault. Therefore, DFSA are less likely to lead to legal action.

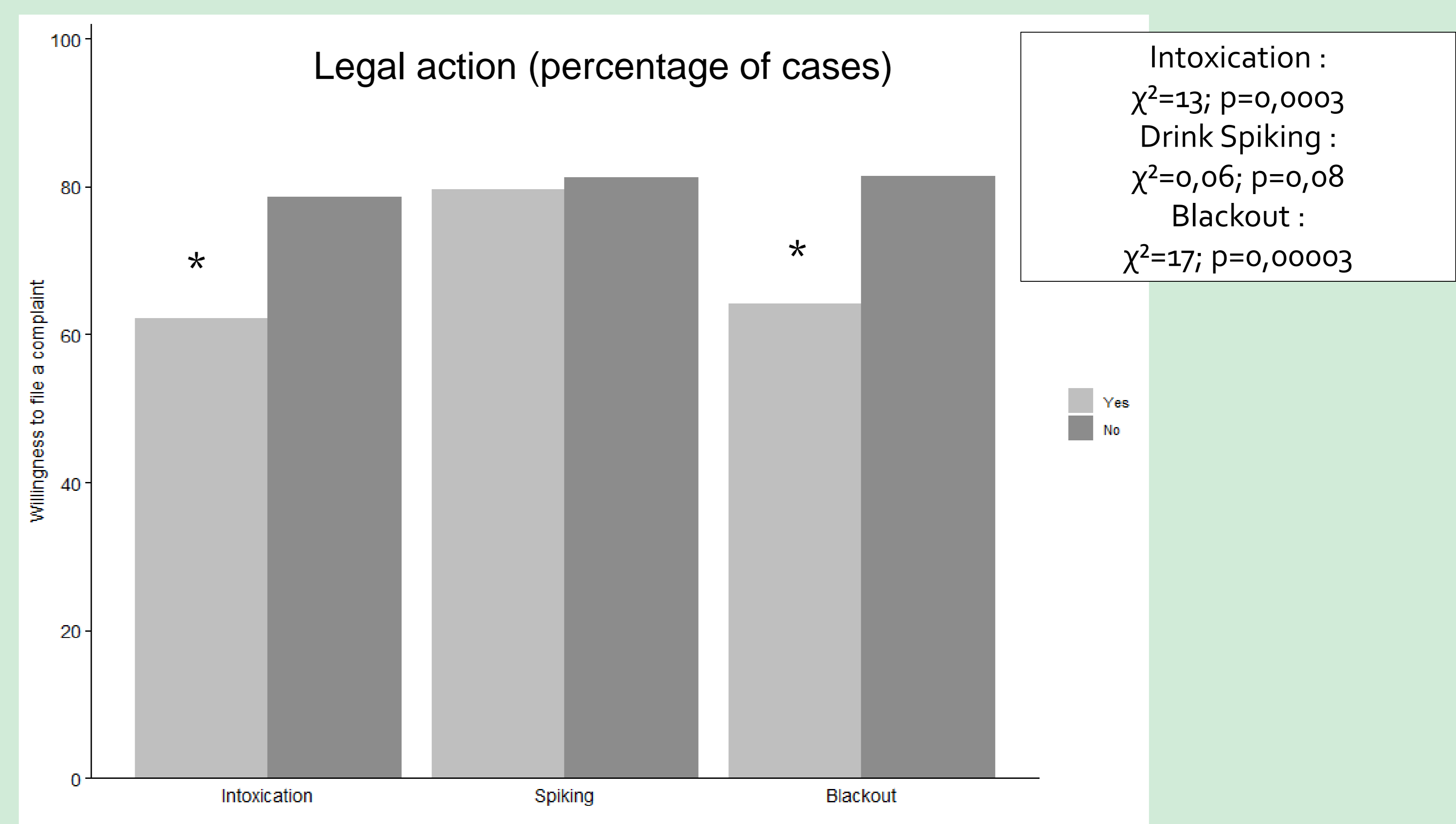
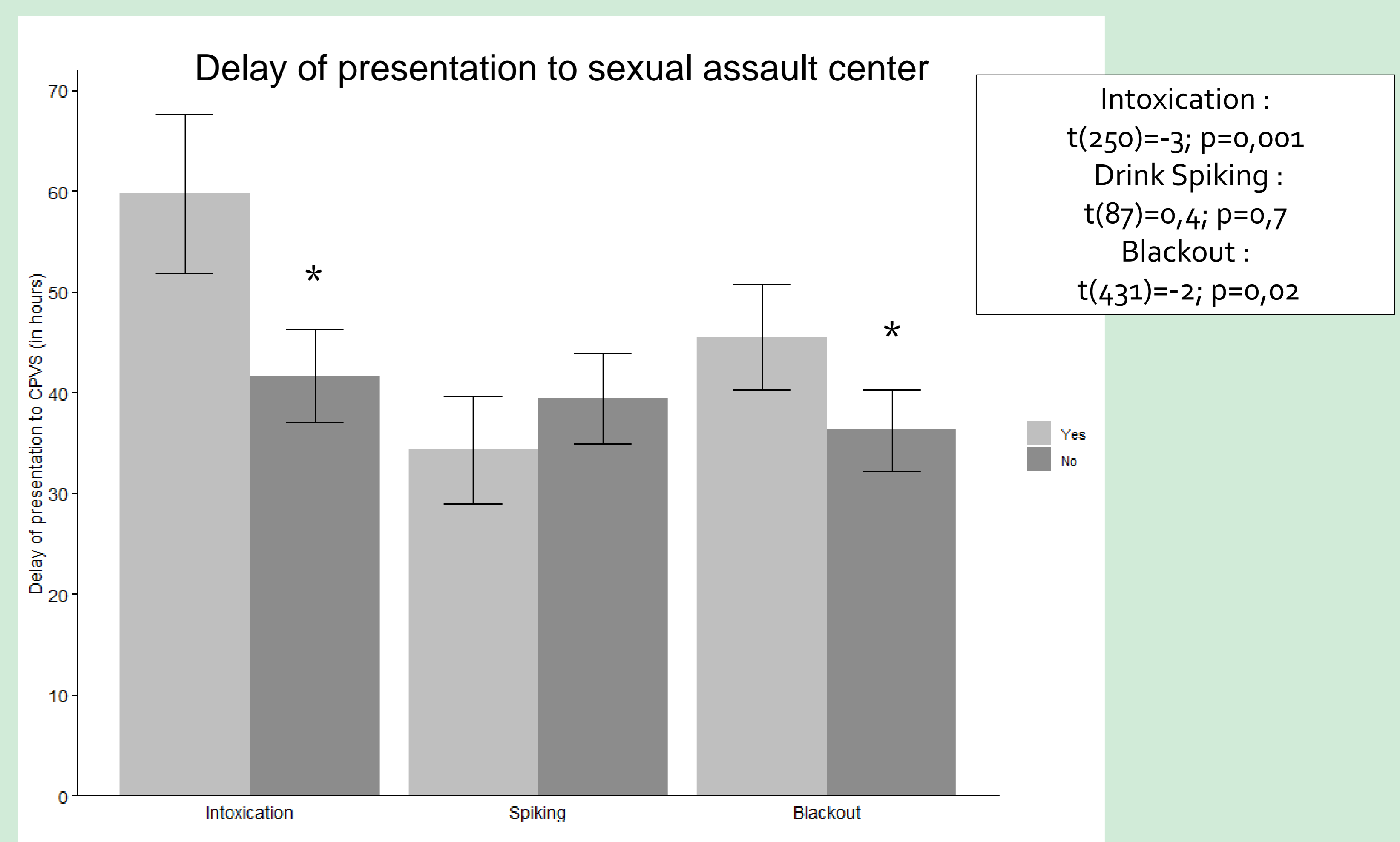
## Background

Sexual assault is defined as non-consensual sexual activity. Among the various forms of sexual assaults, there is a specific category called drug-facilitated sexual assault (DFSA). DFSA is characterized by the involvement of a psychoactive substance rendering the victim incapable of defending themselves or consenting due to its intoxicating effects. Two types of DFSA are defined according to the initiator of drug administration or consumption. In **proactive DFSA**, the assailant covertly or forcibly administers the substance to the victim for the purpose of sexual assault. In **opportunistic DFSA**, the assailant takes advantage of the victim intoxication resulting from his or her own voluntary substance consumption (1).

The prevalence and consequences of these two forms of DFSA were poorly studied (2). In Belgium, there is no regional or federal agency responsible for collecting and publishing this type of data (3). Because of the substance effects, as well as the feelings of guilt and shame associated with drug consumption, the delay before presentation at a support center may be prolonged in the case of DFSA. Similarly, the decision to file a complaint may also be impacted by the involvement of psychoactive substances (1, 4).

The aim of the present study was to assess the prevalence of both opportunistic and proactive DFSA in the registered cases of sexual violence in Belgium. Additionally, we tested whether the implication of psychoactive substances affected the delay between the sexual assault and the visit at the support center, as well as the probability of filing a complaint.

## Results



## References

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