



THE RECONSTRUCTION OF WOMEN VICTIMS OF SEXUAL AND GENDER-BASED VIOLENCE THROUGH SPORT AND PHYSICAL ACTIVITY: AN OVERVIEW



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RESEARCH & ANALYSIS



IMPRINT

This document has been written by the Alice Milliat Association, leader of the **SAFE project**, which is focused on the recovery of women survivors of sexual abuses through the practice of trauma-informed fencing.

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ABBREVIATIONS

AMA : Alice Milliat Association

GBV : Gender-based violence

IPV : Interpersonal Violence

PA : Physical activity

PE : Physical exercise

PTSD : Post-traumatic stress disorder

SAFE : Sexual Abuses and Fencing Energy

SV : Sexual violence

TVIPA : Trauma- and violence-informed physical activity

EU : European Union



SAFE is a European project that focuses on the **recovery of women survivors of sexual abuses through the practice of trauma-informed fencing**. For this purpose, the SAFE consortium works on the development of a **European model of therapeutic workshops** for women survivors of sexual assault. The first phase of the project is dedicated to research and analysis works (a literature review, national and european sectoral analysis and webinar) and the training and guidance of fencing supervisors to the trauma-informed approach.

RESEARCH & ANALYSIS (2025)

Literature review



D2.1: 30-page public report

State of play “reconstruction of women victims of gender-based and sexual violence through sport and especially fencing”

National sectoral analysis



D2.2: 10-page public report by country (National Sectoral Analysis)

Collection of information from your country on existing good practice for women victims of violence, including treatment through sport and consideration of body therapy & production of a 10 pages national report that will gather data valuable

European analysis & synthesis



D2.3: European synthesis of the national sectoral analysis

A summary of all the national reports that have been produced will be written to gather all the data and information collected and compiled.

European workshop



D5.5: Online European Workshop

- A conference: presentation of the study results
- A presentation of the fencing therapeutic protocol



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INTRODUCTION

Sexual abuses in Europe. A health & political priority

At world scale, one in three women experiences sexual violence during her lifetime (Borumandnia et al., 2020). **In the European Union**, one in three women (30.7 %) have experienced sexual threats and/or physical violence over their lifetime. More precisely, **17.2 % of women experienced sexual violence** (including rape and other unwanted sexual acts) (Eurostat, FRA, EIGE, 2024). Furthermore, one in five children is a victim of sexual abuse in Europe (COE, 2018). These significant figures demonstrate the emergency of taking action and strengthen commitment on this issue.

What is sexual violence (SV) ?

“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including at home and at work” (Council of Europe, 2024)

3 types of SV are commonly distinguished:

- Sexual violence involving intercourse (i.e., rape)
- Contact sexual violence (i.e. unwanted touching, but excluding intercourse)
- Non-contact sexual violence (e.g. exhibitionism, verbal sexual harassment)

One of the most binding and important legal text (internationally) adopted in 2011 by the Council of Europe is the **Convention on preventing and combating violence against women and domestic violence** (also called *Istanbul Convention*). The parties **recognize “that violence against women is a manifestation of historically unequal power relations between women and men”**, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.



Although measures have been taken in Europe to strengthen public protection against GBV and SV, it is clear that such violences remain high and represent a serious concern.

What is Gender-based violence (GBV)?

“Violence directed against a person because of that person’s gender (including gender identity/expression) or violence that affects persons of a particular gender disproportionately” (Istanbul Convention, COE, 2011). It may include physical violence, verbal violence or hate speech, psychological violence, sexual violence, socio-economic violence, domestic violence/intimate partner violence, and/or harassment and sexual harassment (Council of Europe, 2023).

- Violence directed against a women *because she is a woman*
- Violence that *affects women disproportionately*

The existence of a **continuum of violence to which women are exposed** is reflected in :

- the diversity of the spheres concerned (place and context of occurrence);
- the diversity of the acts of violence committed (continuum of forms of violences);
- above all their scale.

In other words, **women are more likely to experience one or more intrusive sexual experiences**, including before the age of 18 (Stanko, 1990; Stoltenborgh et al., 2011). Depending of the national context, Between 15% and 71% have been victims of physical or sexual violence by a male partner at some point in their lives (Papanikola et al., 2015). The rate of women affected by interpersonal violence (IPV) thus reaches 24.8% in Spain (Ruiz-Perez et al., 2017; cited by Sáez et al., 2023).

The **gendered dimension of this violence** is also reflected in the fact that **in more than 95% of cases, perpetrators are identified as men** (AMTV, 2015 and 2017; Bajos et al., 2021; Miprof, 2024).

The spread of these violences - as shown by the diversity of the spheres concerned with these violence, both in private and public settings, and their high prevalence - **emphasizing the structural nature of violence against women as gender-based violence.**

Sexual violence (SV) in sport environment

The sport environment is obviously not immune to gender-based and sexual violence. it is important to emphasize here that **sport has been socio-historically constructed as a space by and for men and as a place promoting masculinity.** Several studies have shown the persistence of a “**sexual harassment climate**”, contributing to the development and occurrence of sexual violence in sport context.

Several specific aspects have been identified as making the sport environment potentially risky: **body-centered** dimension, **performance, closed environment** (“the sporting family”), and **authority relationships** (Quelain, 2021).

In France, a national convention against violence in sport is held every year since 5 years to take stock of the progress and work that needs to be done in the field of safeguarding sport. The figures show an **increase in reports over the years** (datas are available since the establishment of a dedicated unit, #SignalSport, in 2020) with **cases involving all federations, both in mass sports and in high-level / professional practices.**

Despite a lack of consensus about definitions and analytical frameworks, several studies have been conducted in Europe that demonstrate the extent of sexual violence in sport:

- 28% of athletes report having experienced one or more forms of sexual harassment in **Norway** (Fasing et al. 2000; n=660);
- 8% of female athletes have been sexually assaulted (kissed against their will) in **Denmark** (Toftegaard, 2001; n=253);
- 17% of athletes have been victims of sexual violence in **France**, representing one-sixth of all athletes (Décamps et al., 2009, n=1407);
- 37% of athletes have experienced one or more forms of sexual harassment in a sporting context in **Greece, Norway, and the Czech Republic** (Fasting et al. 2010, n=616);
- 14% have experienced at least one form of sexual violence in sport in the **Netherlands** and **Belgium** (Vertommen et al., 2016, n=4000).

Based on these facts, **several prevention campaigns have been launched in Europe**, such as the “*Start To Talk*” program aiming to raise awareness on those dangers, the European “*Fair Coaching*” project aiming to improve the conduct of coaches, and the *Child Safeguarding in Sport* project led by the EU and the Council of Europe.



start to talk



Impact of sexual abuse: a traumatic event and its consequences (in sport practice)

While 70% of the worldwide adult population experienced at least one traumatic event during their lifetime (Benjet et al., 2016), **sexual assault is one of the most common and serious type of trauma. The consequences are not only physical, but also psychological and social, impacting all areas of life and lasting for a significant period of time.**

What is trauma?

When we talk about trauma, we are referring to an aversive event, its perception (experience), as well as its psychological and physical impacts (consequences) (Bessoles, 2011; Pain, 2020). The concept of trauma is derived from the Greek word “τραῦμα”, meaning injury.

- A traumatic event is an external **stressful and violent event causing injury by intrusion**.
- Psychotrauma is the **effect of trauma on the body**, i.e., psychological alteration, the transmission of shock to the psyche. Psychotrauma is marked by a psychotraumatic syndrome, meaning **the state and after-effects following psychotrauma**.

Trauma is thus “a life event capable of **disrupting normal patterns of life**” (Burgess, 1983, p.98), marking a profound breakdown in the victim’s existence.

In 1986, Putnam & Trickett conducted the first longitudinal **study on the impact of sexual abuse on women's development**, highlighting the many and profoundly negative effects of incest: cognitive deficits, dissociative symptoms, disrupted sexual development, high rates of obesity, self-harm, and depression. During the same year, Browne and Finkelhor's work reported on the long-term physical, psychological, and social **effects of SV against children**.

Since then, **several literature reviews of studies on the consequences of sexual violence on physical, social, and mental health have been conducted** (Thomas, 2015; Louboff, 2018), following on from specific studies on the impact of sexual abuse in childhood and adulthood (Young, 1995; Gérard, 2014; AMTV/Salmona, 2015; Felitti & Anda, 2010; IVSEA, 2015; AMTV/IPSOS 2019, ONDRP 2012-2017; Finkelhor, 1990, Campbell, 2008, MacFarlane 2010, Hailes, 2019; Paolucci, Genuis, Violato, 2001). The fact that it can **lead to serious consequences**, particularly **post-traumatic stress disorder**, has been widely demonstrated.

What are the symptoms of PTSD?

The symptoms associated with Post-Traumatic Stress Disorder (PTSD) are:

- Intrusion
- Avoidance
- Hypervigilance
- Psychological distress (mental disconnection, dissociation)

Studies show a **much higher risk of developing PTSD** after being exposed to sexual assault compared to other traumatic events. **The proportion rises from 6% in the general population to 31%-52% in cases of exposure to sexual assault** (Resick, 2016; Steketee & Edna, 1987; Pebole et al., 2022). Specific and more pronounced repercussions have been identified for domestic violence and rapes (White et al., 2024). A recent study conducted in Great Britain and Ireland shows a stronger association between exposure to domestic violence, head trauma, and long-term mental health deterioration (depression, anxiety, PTSD) compared to populations who haven't experienced such violence (Jenkins et al., 2025).

Despite emerging initiatives and strengthened prevention of SV in Europe, there is a **notable lack of research and policy initiatives on the implementation of effective service models to improve the system of care for traumatized individuals** (Ardino, 2014[1]). The care of people affected by sexual violence must therefore be a priority for the European Union countries.

Sport for health and well-being

Within the EU, sport encompasses “all forms of **physical activity which, through casual or organised participation, are aimed at maintaining or improving physical fitness and mental well-being, forming social relationships** or obtaining results in competition at all levels” (Council of Europe, 2022: 12).

According to the *revised European Sports Charter* (CoE, 2022), “access to sport for all is considered to be a fundamental right. All human beings have an inalienable right of access to sport in a safe environment, both inside and outside school settings, which is **essential for their personal development and instrumental in the exercise of the rights to health, education, culture and participation in the life of the community**” (Art. 10).

What is physical exercise (PE)?

A physical activity is any bodily movement produced by skeletal muscles that results in energy expenditure (Caspersen, Powell, Christenson, 1985, p.126). This includes many activities of daily living, such as active transportation, leisure activities, and competitive sports (WHO, 2022).

Exercise is a planned, structured, repetitive, and targeted physical activity in which the improvement or maintenance of one or more components of physical fitness is the goal. Physical exercise (PE) is **a set of body movements performed repeatedly over an extended period of time for the purposes of health, performance, and physical fitness.**

Sport is PE that follows a set of rules, performance standards and focused on competition.



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Research question

The aim of this work is therefore to **review the existing literature on the care and recovery of women survivors of GBV/SV through physical activity and sport.**

While the World Health Organization (WHO) places leisure and sport at the heart of psychosocial well-being (2020), **physical exercise is more specifically identified as an effective, inexpensive, and cross-cutting health promotion strategy** that promotes physical, mental, and psychosocial health (Nyberg et al., 2025, cited by Pebole et al., 2025). However, **PE in response to trauma remains underutilized to date** (Darroch et al., 2024).

Due to the traumatic impact of sexual violence and the consequences of these events, **a specific (supportive) framework is generally required**, which is why the work focuses more specifically on research relating to trauma- and violence-informed approaches.

There are few local initiatives in Europe to welcome survivors of sexual violence and offer them a safe environment in which they can practice these activities. The study will focus in particular on the integration and consideration—or lack thereof—of fencing in these spaces and methods of care.

Search strategy

This work therefore aims to identify and synthesize the evidence and benefits of TVIPA and analyze PA/sports programs tailored to survivors of sexual violence in the existing scientific literature.

This narrative review is part of a comprehensive approach that seeks to identify important perspectives with a view to producing a broader reflection on the topics studied (Greenhalgh, Thorne, & Malterud, 2018: 3).

To identify scientific research on PE/sport for survivors of domestic violence, a search for articles was conducted using online scientific databases (PubMed, PsychInfo, SciencesDirect, etc.) for articles published in scientific journals, particularly peer-reviewed journals, up to the summer of 2024.

An initial data collection was carried out on works written in English or French analyzing PE/sport programs offered to people living with PTSD or who have been exposed to trauma (all types of trauma combined). The analysis includes both original research articles and literature reviews. Among these, **literature reviews and meta-analyses dealing more specifically with trauma related to gender-based violence or SV were selected for further study** in the context of this work.

At the same time, within the same databases, the initial analysis was supplemented by **a search for articles specifically focusing on research analyzing PE/sport, particularly fencing, offered to survivors of sexual violence in the European Union.**

To this end, a specific keyword search was conducted using terms related to sexual trauma in French (trauma sexuel; violences de genre / violences sexuelles / violence conjugale / agression sexuelle / viol + ESPT / SSPT) and in English (sexual trauma; GBV / sexual abuse / sexual violence / domestic violence / sexual assault / rape + PTSD) associated with terminology related to sport in French (activité physique, exercice physique, sport) and in English (physical activity, physical exercise, sport).

To best identify studies related to fencing, the keywords “escrime” and “violence sexuelle” were used in French, as well as in English, Portuguese, German, and Spanish (Fechten + sexuelle gewalt; Fätkning + sexuellt vald; Esgrima + violencia sexual; Fencing + sexual violence) in scientific databases and Google Scholar.

RESULTS

AP thinked for victims: Trauma- and Violence-Informed Physical Activities (TVIPA)

PTSD & Exercise: Benefits of regular practice of physical activity

Exercise for sexual trauma & PTSD: Benefits of regular practice of PA

Focus: Research articles on physical activity and sports workshops/programs for survivors of sexual violence in the U.E.

Focus 2: Fencing practice for women survivors of SV



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AP thinked for victims: Trauma- and Violence- Informed Physical Activities (TVIPA)

In recent years, some physical activity programs have adopted the key principles of trauma- and violence-informed care (TVIC) (Darroch et al., 2020). Known as **trauma- and violence-informed physical activity** (or sport) (TVIPA/TIS), this approach takes into account an **understanding of trauma, violence, and their impacts in all phases of design, planning, implementation, and follow-up** (D'Andrea et al., 2013; Bergholz, Stafforrd, D'Andrea, 2016; Darroch et al., 2020).

Trauma- and violence-informed approaches were first developed in the context of services for people accessing health care and substance use services before being extended to physical and sports activities (Darroch et al., 2020). Developed since the early 2000s, **trauma-informed care is based on recognizing that traumatic experiences shape a person's identity and contribute to how they experience interactions, structures, and systems** (Wathen et al., 2021).

Key principles of a trauma- and violence-informed approach identified by researchers*:

- **Trauma awareness:** Understanding trauma and violence and their impacts on people's lives and behaviors;
- **Safety:** Creating psychologically and physically safe environments for both traumatized individuals and service providers;
- **Choice & support:** Opportunities for choice, collaboration, and connection;
- **Capacities and empowerment:** Offering a strengths-based and capacity-building approach to support the adaptation and resilience of traumatized individuals;
- **Vulnerability:** Taking into account cultural and historical issues and discrimination, particularly gender discrimination and intersectionality.

*Arthur et al., 2023; Berger, O'Donohue, Alfrey, 2024; Darroch et al., 2020, 2023, 2024; Hira, et al., 2023; Hussey, 2021; Ponic et al., 2011, 2016; Purkey, Patel & Phillips, 2018; Quarmby et al., 2022; SAMSHA, 2014, 2023; Sheppard-Perkins et al., 2024; Vigue et al., 2023; Wathen and Varcoe, 2019.

This approach **takes vulnerabilities into account** in order to **facilitate engagement of trauma people in these practices**. The idea is to adopt a **supportive and understanding approach based on safety and trust** in interactions and to optimize interventions and their therapeutic effectiveness by minimizing adverse effects and harm in practice. This approach therefore **requires specific adjustments**, particularly in terms of participation: selective participation, trained staff, limited access, etc. (Spinazzola et al., 2011).

In the context of sport, the need of being trauma-informed is a recent recommendation only promoted by a few number of sports organizations (such as Sport Canada) and researchers (Darroch et al., 2022; McMahon et al., 2023; McMahon & McGannon, 2024; Mountjoy & Verhagen, 2022).

Trauma-informed practices (or 'adapted physical activities')

In some countries, such as France, these approaches can be linked to "adapted physical activities" (APA), i.e., physical activities adapted to users' functional abilities and limitations, supervised by a professional with the aim of making users as independent as possible. The aim of APA is therefore to maintain good health and even more to improve physical condition by **answering the specific needs of individuals according to their state of health and level of activity**.

PTSD & Exercise: Benefits of regular practice of physical activity

PTSD is associated with a real risk of physical inactivity, particularly for women: the higher the PTSD scores are, the more women's PA declines over time (Winning et al., 2017; n=30,327). This figure is consistent with the study conducted by Hoerster et al. in 2012, which found out that 59% of male veterans (a highly traumatised population) met the recommendations for regular PA, compared to 53% of women. However, the issue is central given the fact that studies highlight that **regular physical exercise is associated with a reduced risk of PTSD**.

Moreover, several systematic reviews and meta-analyses have pointed **the relevance of PA as a promising complementary therapeutic option for PTSD**. The evidence for exercise as a stepped care approach against PTSD is now well established and allows exercise to be defined as an effective adjunctive therapy, complementary to mental health treatment (Hall et al., 2019; Cook et al., 2017; Pebole, Gobin, & Hall, 2020).



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Interventions based on **regular physical exercise reduce PTSD symptoms, poor sleep quality, mental disorders, cardiovascular risks, anxiety, and depression** in various populations exposed to trauma events (e.g., Babson et al., 2015; Björkman and Ekblöm, 2022; Davis et al., 2015; Davis, Zachry, and Berke, 2021; Goldstein et al., 2017; Hegberg et al., 2019; Martinez-Calderon et al., 2024; Oppizzi and Umberger, 2018; Ramos-Sánchez et al., 2021; Purgato et al., 2021; Rosenbaum et al., 2015). **In this sense, physical activity can be a powerful tool for recovery after trauma and an effective complementary intervention.**

Exercise for sexual trauma & PTSD: Benefits of regular practice of PA

More specifically, studies and reviews conducted on **physical exercise for survivors of sexual violence** show **a positive impact on participant's mental health and significant physical benefits** (Björkman & Ekblom, 2021; Pebole, Hall, Gobin, 2021).

The **first review** on the treatment of **women** suffering from PTSD related to **interpersonal trauma** was conducted **in 2016 by Nolan** and focused on the use of trauma-sensitive yoga (TSY). More recently, literature reviews focused on **physical practices for women victims of violence** identified between 9 and 11 articles (Lopes, 2025; Baker et al. 2025), which coincides with the previous literature review by Pebole, Gobin, and Hall (2021). The latter having thus identified **four studies specifically related to exercise targeting women who had survived sexual violence:** Smith et al., 2015; Shors et al., 2018; Kolk et al., 2014; Crews et al., 2016).

It appears from these studies that **exercise**, particularly at a moderate/vigorous intensity, **can be used as an effective therapeutic treatment option for women victims of GBV and/or sexual violence with PTSD** (Pebole et al., 2024; Sheppard-Perkins et al., 2022; Miles et al. 2023). Different types of PE are beneficial, with these interventions promoting mental health, self-esteem, safety, and confidence (Lopes et al., 2025).

Table 1. Reviews examining sexual violence and exercise

Authors, year	Type of review	Type of violence	Type of practice	Main benefits
Baker et al., 2025	Systematic review	GBV	moderate to vigorous physical activity	Improved well-being
Ferreira Gomes et al., 2023	Exploratory review	GBV	TVIPA	
Gallet, 2024	Review	Sexual violence	Danse (DMT)	Improving body image, boundaries, overcoming shame
Korogulu & Durat, 2025	Meta-analysis	GBV	Mind-body interventions	Positive impact on PTSD symptoms, anxiety, depression
Lee et al., 2022	Systematic review	Sexual trauma		Improvement in interpersonal relationships, self-esteem, emotions
Lopes et al., 2025	Systematic review	GBV / Domestic violence	Body practice	Greater health, self-esteem, security, and confidence
Miles et al., 2023	Systematic review	Sexual violence	Various treatments	Haute recommandation aérobie, yoga
Nixon, 2024	Systematic review	Sexual trauma	Mind-body interventions (MB)	Reconnecting with the body, emotional management, pleasure
Pebole, Hall, Gobin, 2021	Comprehensive review	Sexual violence	Physical activity	

The experience of women victims of GBV/SV engaged in moderate/vigorous PA reveals an **improvement of the mental health and well-being** (self-esteem, quality of life, empowerment) (Baker et al. 2025; D'Andrea et al., 2013; Vooren donk et al., 2020); **emotion regulation** (Busser et al., 2023); **empowerment and self-esteem** (Iranzo-Domingo et al., 2022); and **depression** (Kemp et al., 2014)

PE also helps **rebuilding a sense of integrity, self-awareness** and improving **interaction skills** and **relational capacity** (Gray, 2001; Ratcliff et al., 2002; Nixon 2024). **Self-esteem, physical capacities**, and body attractiveness is also emphasized (Legrand & Crombez-Bequet, 2022; Sáez et al., 2023). PE offers an effective space and is a successful method for materializing and managing experiences of sexual abuse that can't be verbalized (Ben-Asher et al., 2002).

For example, Gallet (2024) has shown the benefits of dance therapy for this population, helping them to **improve their body image, work on the corporeal limits and the notion of shame**. Stevens and McLeod (2018) have shown that yoga facilitates personal learning (learning to stay focused; active control of breathing; self-acceptance, experiencing the “here and now”...).

In this sense, **physical exercise becomes for these women a way to globally reconnect with their body, regain spontaneity, connect with others, and feel more free and in control of their life.**

Focus: Research articles on physical activity and sports workshops/programs for survivors of sexual violence in the U.E.

Within the various databases used to conduct this literature review, **more than 100 articles were identified concerning the use of physical and sports activities for people exposed to trauma** and/or living with post-traumatic symptoms (or PTSD).

More than 60 articles were identified specifically concerning **PA/sport programs for people exposed to sexual violence**. Most of these programs and research studies were conducted outside Europe, mainly in North America (more than 40 occurrences in the US).

Only 10 articles concern research conducted within the EU (see table below).

Spain, the **Netherlands**, and **France** are the only three EU member states that currently have several research articles referring to PE programs for survivors of sexual violence. The **programs are mainly aimed at women** (7 of the 10 studies focus entirely on female participants), are offered **both in groups** (6/10) and **in individual sessions**, and take into account the diversity of acts of violence (GBV, sexual violence, IPV) with varying degrees of precision (e.g., sexual violence or rape cases only). **The activities used are varied**, with both indoor and outdoor activities (e.g., yoga, badminton, walking, archery, kayaking) **and variations in duration** (2-40 weeks) **and frequency** (from 4 per week to 1 per month). Dance is one of the activities that has been most extensively studied scientifically (3 of the 10 programs).

All of the studies report benefits for the participants in these activities, with positive effects on mental health, body awareness, interpersonal relationships, and, more broadly, a reduction in PTSD symptoms.

Author(s), year	Type of research	Location	Public	% Women	Type of trauma / SV	PA/sport used	Group format	Duration (week)	weekly regularity	Main benefits
Busser et al., 2023	Pilot study (pre-post)	France	6	100%	Sexual assault	fencing	yes	40	1 x 4h / month	Reduction of PTSD and regulation of emotions
Iranzo-Domingo et al., 2022	Qualitative study	Spain	700	100%	GBV	dance (DMT)	yes	24	1 x 120 min.	
Koch, 2009	Case study	Germany	3	100%	Refugees (1 rape survivor)	dance (DMT)	yes / no	n.d	n.d	Reduction of PTSD
Legrand & Crombez-Bequet, 2022	Randomized controlled trial	France	36	100%	IPV	walking, running, PE	no	6	2x 35 min.	Improved self-esteem, body image, and physical fitness
Merelias-Iglesias & Sánchez-Bello, 2018	Case study	Spain	16	100%	SV	Leisure activities	n.d	n.d	n.d	Therapeutic value of leisure activities
Saez et al., 2023	Randomized controlled trial	Spain	34	100%	IPV	paddle, kayak, rafting, 4x4	yes	8	1 x 180-240 min.	Reduction in depression, improvement in self-esteem and self-efficacy
Stevens & McLeod, 2018	Qualitative study	UK (Scotland)	5	100%	SV (child)	yoga	n.d	10	1 x 90 min.	Improving mental health and independence
Voorerendonk et al., 2020	Pilot study (pre-post)	Netherlands	308	n.d	PTSD (including 81% SV)	Mountain biking, badminton, archery, table tennis, walking	yes	2	4 x 360 min.	Reduction of PTSD
Voorerendonk et al., 2021	Pilot study (pre-post)	Netherlands	93	75%	PTSD (including 78% SV)	walking	yes	2	4 x 60 min.	Decline in distress
Zvika Frank, 1997	Case study	Netherlands	1	0%	Rape (child)	dance (DMT)	no	36	1 x 60 min.	Acceptance of one's body and physical contact, emotional management, improving boundaries

Table 2: List & characteristics of identified research articles on PA/sport programs for survivors of SV or GBV offered in Europe

n.d.: no data | DMT: dance/movement therapy

Focus 2: Fencing for women survivors of SV



Fencing is one of the disciplines that has already been used in programs for victims of sexual violence in the UE. However, **few scientific studies have examined the benefits and modality of implementation of these programs**.

The **only studies identified relate to experiments in France** (Busser, 2022; Busser et al. 2023) with the association “Stop Violences Sexuelles”. These studies relate to therapeutic fencing workshops, a form of therapy created and rolled out in 2011 by Violaine Guérin, Olivier Serwar, Marie-Blanche Lombardo (psycho-physical therapist), Boris Sanson (physiotherapist, saber olympic champion), and Martine Cartier.

Why fencing?

transfert thérapeutique (évacuer le colère), tenue de protection, corps invisible, anonymat et neutralité ; art de gestion de la bonne distance ; arme avec assauts brefs, intuition ; sémantique de l’escrime et des VS (Busser, 2022)

How are the sessions organised?

The program, supervised by fencing masters, psycho- and physiotherapists, consists of **10 four-hour sessions, each with a specific theme**. The sessions follow the same format: a welcome and settling-in period, including speaking turn, a physical preparation and the practice of fencing (two hours), a cool-down period, and a discussion before the end of the session. Each woman participating in the program undergoes a pre-therapy assessment and receives psychological support between sessions.

What results?

The research realised by Paul Busser **reports physical and mental health benefits for participants**, particularly in terms of **emotional regulation, improved brain function, and reappropriation of the body** (Busser et al., 2023, n=6). The practice of fencing is thus a means of raising awareness and achieving balance in one's existential experience, whether cognitive, sensory, emotional, or physical.

10 fencing sessions, 10 themes

Limits	Awareness of the limits of their physical body and learning to enforce them (sensory signals, emotions...)
Bases	Grounding, verticality, posture (foundations)
Protection	Body care, protecting yourself with a “no” (verbal or nonverbal), balance between attack and defense, and anticipation
Trust	Reconnecting with your instincts and senses
Balance	The body functions in a state of constant imbalance and adjustment (imbalance is different from danger)
Control	Letting go, good or bad control
Construction	Looking ahead to the future; independence, decision-making, creativity
Contract & engagement	Respect, kindness: a commitment to oneself and others
Winning	Facing the fear of losing and winning
Liberty	Creativity, development and artistic fencing

Pertinence of the SAFE project

The SAFE program therefore appears to be highly relevant for developing this approach in Europe. It could more broadly be a driving force in the development and expansion of fencing programs adapted to women survivor of GBV and sexual trauma.



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CONCLUSION

The review shows that **there is a limited amount of international research on the use of AP for women victims of sexual violence**. All of the literature reviews identified were **conducted within the last five years**, demonstrating both a growing interest in the issue and, more importantly, that **this field is still in its infancy** and that much remains to be done to improve care for survivors of sexual violence.

Furthermore, all of these **studies use different terminology**, whether in reference to the target audience (GBV, VS, rape, for example) or the activities practiced (mind-body interventions, PA, PE, or a particular discipline), **which complicates any comparisons of the data** obtained. While the **results obtained emphasize the relevance and effectiveness of existing programs, scientists also point to the need for more rigorous and numerous studies** to verify the results obtained so far (in particular through randomized controlled trials, having programs on a larger scale, both in terms of the number of participants and the countries considered, and the verification of results at different time intervals). Finally, many additional variables can influence program outcomes and also deserve more specific attention (intensity, type of activity, safe environment, adaptation methods, impact of participants' individual characteristics, etc.).

Regarding the **European Union** more specifically, there has been **little scientific research to date on PA/sports programs for survivors of SV**. While **all studies emphasize the benefits** of existing programs, **further experimentation and analysis of these programs is needed** (feasibility, effectiveness, relevance, implementation and adaptation methods) to ensure that the care provided meets the expectations and needs of the target audience.

The fact that **fencing** is one of the disciplines that has **already been tested** and for which research results show a number of benefits (particularly in terms of emotional regulation) is also an important factor for the next experimentations.

Building on this discipline (fencing) and repeating experiments and analyses in the field will enable us to compare and supplement the results obtained previously, thereby strengthening our knowledge on this subject.

Fencing as trauma-focused practice for women victims of SV

While there are **many factors that can influence engagement, relating both to the practice environment** (location, timing, degree of openness, tailored approach) and to **individual characteristics** (particularly gender), **the activity itself may also be important** (individual sport, intensity, specific protocol, etc.). **Fencing benefits here from more than 10 years of experience**, with several scientific studies on its benefits and relevance and the first protocols written for the French context. At the end of **the SAFE project, the availability of a European protocol will thus strengthen the offer, effectiveness, and relevance** of a fencing therapy approach for women who are victims of sexual violence.

The creation of a safer environment for practicing sports, i.e. “an athletic environment that is respectful, equitable and free from all forms of non-accidental violence to athletes” is now a well-recognized public and sport policies issue internationally, particularly within the EU (Mountjoy et al., 2016, p.1019; Glossary on Safe sport).

This issue seems all the more important given that PA, which is inexpensive and carries little stigma, has numerous health benefits (Pebole, Gobin, Hall, 2020). **Policies dedicated to safe sport should thus also take a more comprehensive approach to how sport can not only provide a safe space but also become a tool for the well-being and even recovery of people who have experienced violence and trauma.** The widespread rollout of TVIPA programs in EU member states, accompanied by training in safe sport and consideration of GBV/SV, therefore seems a promising and necessary avenue to pursue.

These **adapted physical activity and sports programs could thus contribute to better care for people exposed to sexual violence** and make sport a real lever in trauma recovery. **Scientific research must also support this development by further analyzing existing programs and proposing recommendations** to adjust and improve the quality, effectiveness, and benefits of these programs.



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