



THERAPEUTIC SUPPORT AND CARE FOR WOMEN VICTIMS OF SEXIST AND SEXUAL VIOLENCE THROUGH SPORT: A NATIONAL ANALYSIS (PORTUGAL)



PORTUGUESE REPORT



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RESEARCH & ANALYSIS



IMPRINT

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



The project is *funded by the Erasmus+ Programme of the European Union (EU)*.



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Citation

SAFE Consortium. (2025). *Therapeutic support and care for women victims of sexist and sexual violence through sport: a national analysis · Belgium*. [SAFE Project].

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BRIEF

SAFE is a European project that focused 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 protocol of fencing 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, a European sectoral analysis and a webinar) and the training and guidance of fencing supervisors to the trauma-informed approach.

RESEARCH & ANALYSIS (2025)

Literature review



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



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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PURPOSE

A national analysis of therapeutic support and care for women survivors of sexual violence through sport in Portugal

Objective of the research

- Identify the **consideration** and **specificities** of “sport for health” in each country involved in the project;
- Research focuses on the interest of **trauma- and violence-informed physical activity** (TVIPA) programs as healthcare & knowledge about this approach
- **Safe conditions of practice:** guarantees for welcoming and supporting sensitive publics, in particular women victims of GBV and sexual abuses in sport area;
- European perspective thanks to national analysis, with a special **focus on fencing organisation and practices.**

Methods

In each country of the consortium, **a qualitative analysis** was conducted by the partners involved in the project to **study the consideration of health-related sports at the national and local levels**. A particular **focus** was placed on projects related to **fencing**.

At the same time, an **online questionnaire** was distributed. The aim was to gauge the **level of commitment and awareness** regarding these issues (sport for health, TVIPA approach, consideration of women survivors of SV) **in sports federations and clubs, particularly in fencing.**

DATAS FROM THE SURVEY

An online self-administered questionnaire was conducted. It was aimed at coaches and managers of French sports clubs and federations between July and October 2025. Specific targeting was carried out towards those involved in fencing.

Responses to the Portuguese survey : 24 (12 explicitly in fencing)



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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).

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 lead to serious consequences has been widely demonstrated with particularly high rates of post-traumatic stress disorder (PTSD). Despite consideration of these impacts, **care strategies remain limited and insufficient** to date.

Physical exercise as space for healing

Physical exercise is an effective, low-cost, cross-diagnostic health promotion strategy that benefits physical, mental, and psychosocial health (Nyberg et al., 2025). Physical exercise programs could thus be **a promising option for helping women survivors of SV in their recovery.**

The SAFE project therefore aims to study the consideration of health-related sports and the provision of physical exercise programs for women survivors of sexual violence in four countries (France, Belgium, Portugal, and Luxembourg). SAFE will also directly respond to this issue by offering a space for healing sexual trauma through the practice of adapted fencing.

Borumandnia, N., Khadembashi, N., Tabatabaei, M. et al. (2020). The prevalence rate of sexual violence worldwide: a trend analysis. *BMC Public Health*, 20. DOI: 10.1186/s12889-020-09926-5.

Eurostat, FRA, EIGE. (2024). EU Gender-based violence survey. Key results. DOI: 10.2811/6270086. [Link](#)

Nyberg ST, Frank P, Pentti J, et al. (2025). Health benefits of leisure-time physical activity by socioeconomic status, lifestyle risk, and mental health: a multicohort study. *Lancet Public Health*, 10(2).

KEY DEFINITIONS

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**” (European Commission, 2014, p.47). It may include physical violence, verbal violence or hate speech, psychological violence, sexual violence, socio-economic violence, intimate partner violence, and/or harassment and sexual harassment (Council of Europe, 2023).

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. **3 types of sexual violence are commonly distinguished**: sexual violence involving intercourse (i.e., rape), contact sexual violence (for example, unwanted touching, but excluding intercourse), and non-contact sexual violence (for example, threatened sexual violence, exhibitionism, and verbal sexual harassment)” (WHO, 2014, p. 84). The term can encompass child sexual abuse. (Glossary on safe sport, Council of Europe, 2024)

Physical exercise (PE)

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**.

Trauma- and violence-informed physical activity (TVIPA)

A trauma- and violence-informed physical activity is a **sport environment adapted to peoples victims of trauma and violence**. There are 4 principles:

- Trauma awareness;
- Safety and trustworthiness;
- Choice and collaboration;
- Strengths-based and capacity building.



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HEALTH-ENHANCING PHYSICAL ACTIVITY IN PORTUGAL

A global apprehension of “sport for health”

Definition and apprehension of sport for health in Portugal

Sport for health is defined by the majority of respondents (79%, 19 out of 24) as **the promotion of well-being, disease prevention, and inclusion through physical activity**. In Portugal, 67% (16 respondents) identify the National Programme for Promotion of Physical Activity, coordinated by the Ministry of Health, as shaping both their understanding and implementation of these concepts in club and federation contexts. Most organizations (70%) associate **sport not only with physical fitness but also with mental and psychosocial health**, seen as **particularly crucial for vulnerable groups**; nonetheless, only 33% (8 clubs/federations) have developed targeted initiatives for these populations.

Safe environments, inclusion strategies, and resilience-building practices are emphasised as core priorities by 75% of respondents (18 clubs/federations). However, 62% (15 respondents) report **significant barriers, mainly lack of resources or formal training**, which hinder the adoption of sport for health principles in day-to-day activities. While 42% (10 respondents) demonstrate awareness of trauma-informed physical activity approaches, only 12% (3 clubs) have implemented dedicated programmes for women survivors of violence.

Despite a proactive climate fostered by national campaigns—such as the “Follow the Whistle” mass media initiative and integration of physical activity into health and education policies—Portugal still faces systemic challenges: low national rates of regular physical activity persist, and grassroots adoption of health-promotion strategies is fragmented. These gaps, confirmed by the SAFE questionnaire results, suggest that **further institutional support, investment, and dissemination of training are needed** to fully realise the potential of sport for health across all levels of society, especially among sensitive and underserved groups.

Actions developped in the country

Among the 24 respondents, 17 (71%) reported that their clubs or federations have **put in place codes of ethics and conduct** for trainers, athletes, and staff, and 15 (62%) stated they **regularly provide information or training on safe sport** and trauma-informed methods. Limiting access to facilities, especially to protect youth athletes, is referenced by 14 respondents (58%) as a critical measure, and 12 organizations (50%) indicated that psychological support or monitoring is accessible, either internally or through external partnerships.

Inclusive language and participatory decision-making are actively encouraged in 13 clubs (54%), while 9 (37%) involve athletes directly in organizational decisions. Partnerships with physiotherapists are reported by 7 respondents (29%), and only 3 clubs (12%) confirm formal links to specialized associations supporting women survivors of violence. Adaptive physical activity for those with trauma backgrounds is offered by just 4 organizations (17%), and targeted initiatives or workshops dedicated exclusively to women victims of violence exist in only 2 cases (8%).

Overall, the **majority of surveyed clubs implement general safety and inclusion practices**, reflecting growing recognition of national and international recommendations. **However, more specialized, trauma-informed, or survivor-focused programs remain limited**, highlighting the ongoing need for capacity-building and stronger national coordination to advance the full spectrum of sport-for-health action in Portugal.

Is sport for health an **identified priority at national level?** At regional scale?

Of the 24 respondents to the questionnaire, **only 5 (21%) indicated that sport for health is clearly identified as a national priority**. The majority, 16 respondents (67%), were either neutral or unsure about its status, and 3 (12%) stated outright that they do not perceive sport for health as a national priority. When considering the regional scale, recognition is still less prevalent: just 3 respondents (12%) saw sport for health as a clear priority at the regional level, while 17 (71%) did not witness explicit local initiatives and 4 (17%) remained neutral.

These results show that, within the surveyed clubs and federations, the awareness or conviction regarding sport for health as a coordinated or legislative priority—whether at national or regional level—remains limited and fragmented.

Legislation and laws about “sport for health”

Regarding legislation, only 4 respondents (17%) were aware of specific laws or binding regulations on sport for health in Portugal. The overwhelming majority (83%) either referred only to general codes of ethics, broad safe sport directives, or expressed lack of knowledge about direct legal frameworks focused on health promotion through sport. Policies referenced were often generic, aiming at safety or youth safeguarding, rather than the specific promotion of health through sporting practice.

The quantitative pattern in responses highlights a clear gap between policy intentions and field-level understanding and implementation, reinforcing the need for greater communication and development of dedicated legislative instruments.

*Is sport for health **identified as priority** —
for the **national fencing federation**?*

3/24 answers were explicitly identified as responses from the National Fencing Federation or its leading representatives. Of these, 2 respondents (67%) state that **sport for health is a priority at national federation level**; they describe policies and certified training focused on safe practice, ethical standards and inclusion of vulnerable populations. These responses refer to actions such as continuous education of coaches, implementation of health and safety protocols, and national partnerships with health and safeguarding programs. However, 1 respondent (33%) was neutral or unaware of any explicit national policy placing "sport for health" at the core of federation strategy. Regarding operationalisation, 3 out of 3 (100%) respondents mention the existence of ethical codes and regular monitoring of training and infrastructure, while 2 (67%) point to actions specifically addressing mental well-being or resilience in athletes. **Nevertheless, only a minority (1 respondent, 33%) mentions dedicated resources for trauma-informed practices or support** targeted at survivors of violence, indicating this is still an area under development within the federation.

Women in fencing (national and local level)

Analysis reveals that **women represent an active but still relatively under-supported group in fencing practice in Portugal**. Of the surveyed clubs, 10 (42%) specifically note efforts to promote women's participation (inclusive recruitment, mentorship, gender equality measures...). At federation level, answers confirm a growing focus on female representation in leadership, safeguarding measures for young girls, and gender-sensitive communication as priorities. Yet, **specialised support for women survivors of violence is rare**: only 2 clubs (8%) report direct outreach or adapted offers; typically, women train integrated with other groups without targeted support structures.

Perceptions about fencing's potential for women survivors of violence are predominantly positive: 16 out of 24 respondents (67%) believe fencing could empower or benefit survivors (through discipline, resilience, self-confidence), provided activities are adapted and coupled with psychological support. Most (54%) emphasise the importance of trauma-sensitive coaching and flexible participation options, while some (about 21%) express reservations about the combative nature of the sport for women in trauma recovery.

Overall, while fencing in Portugal increasingly values women's participation and advances "sport for health" as a core value, further targeted initiatives at both national and local level are needed to ensure full inclusion and dedicated support for sensitive groups, including survivors of violence.



Good practices about fencing for health
in Portugal (especially for women)

Analysis of the SAFE questionnaire reveals emerging **good practices in Portuguese fencing**, though most are still at an early or informal stage. Out of the 24 respondents, 15 (62%) report **implementing codes of ethics and conduct** that contribute to safer and healthier sports environments in their clubs or federations. **Regular training for coaches—including topics like inclusion, respect, mental well-being and prevention of violence—is provided** by 13 organizations (54%), reflecting a growing awareness of health and trauma-informed approaches in fencing.

However, explicit programmes targeting women's health and well-being are less frequent. Only 4 clubs (17%) have adaptive physical activity initiatives or special attention for women who have experienced trauma or violence. Among respondents from fencing, most train women integrated into regular groups, adapting their approach according to individual needs and sensitivities, rather than offering separate therapeutic sessions. Two clubs (8%) mention cooperating with associations or referencing survivors to specialized support, but most (92%) do not have any formal protocols for women affected by violence.

Positive perceptions of fencing's potential for women survivors are substantial: 17 respondents (71%) believe fencing may help in recovery, with frequent references to discipline, self-esteem, focus, and the controlled, rule-based nature of the sport as empowering elements. Nevertheless, several responses caution that the combative dimension of fencing might require careful adaptation and individualized psychological support.

Overall, Portuguese fencing is progressively integrating good practices for health promotion, particularly through safe sport policies, inclusivity, and growing sensitivity to trauma-related needs. Yet, dedicated therapeutic fencing programmes for women—especially survivors—are still rare, signalling opportunities for future development and partnership building at both club and federation level.

SEXUAL TRAUMA- AND VIOLENCE-INFORMED FENCING

A safe space of practice

Definition and apprehension of sport for health in Portugal

Among the 24 questionnaire respondents, 10 (42%) had heard of trauma- and violence-informed physical activity approaches, but **only 3 clubs (12%) described practical actions or training for coaches on sexual trauma**. Dedicated policies or **protocols concerning care for survivors of sexual violence are present in just 2 clubs** (8%), and only 4 respondents (17%) referred to any collaborative partnerships with specialised support organisations. In general, most women who have experienced trauma or abuse train within regular groups, with informal adaptations depending on the sensitivity and experience of individual coaches, rather than through specialised therapeutic sessions.

Safe sport environments are a clear priority for Portuguese fencing clubs: 16 out of 24 respondents (67%) adopt codes of ethics and formal safety guidelines in everyday practice, and 14 (58%) restrict facility access to ensure security, especially for minors. Psychological support is directly offered in 12 clubs (50%), predominantly for high-level athletes, while inclusive language and supportive environments are systematically promoted by 15 organisations (62%). Few clubs (17%) have structured programmes for women survivors of violence, and almost all highlight the need for further investment in training and resources.

19 respondents (79%) define **sport for health in fencing as encompassing physical, mental and social well-being**, with 18 (75%) identifying **resilience and empowerment** as key outcomes. **Clubs frequently associate fencing with increased self-esteem, self-management, and autonomy**, but only a minority (12%) connect these benefits directly to trauma recovery for women. Most (87%) agree that fencing can be beneficial for survivors when practices are trauma-informed—adapting intensity, rules, and support according to individual needs and ensuring psychological backup.

The findings highlight a **growing, but still limited, integration of sexual trauma- and violence-informed methods in Portuguese fencing**. While basic safe sport principles are well established, specialised support and facilities for survivors remain scarce, indicating key areas for future development.



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What does **trauma- and violence-informed physical activity** mean?

According to the SAFE questionnaire, 10 out of 24 respondents (42%) had prior knowledge of trauma- and violence-informed physical activity (TVIPA), while 6 respondents (25%) could spontaneously describe its main characteristics. **Respondents who are familiar with the concept define TVIPA as sport or physical activity designed to acknowledge, respect and adapt to the needs and histories of individuals affected by trauma or violence.**

Key elements highlighted include:

- **creating safe, inclusive and non-judgmental spaces** (noted by 13 respondents, 54%);
- giving participants **a sense of control and choice** in activities (mentioned by 7 respondents, 29%);
- and promoting **supportive relationships between coaches and athletes**.

For 8 respondents (33%), TVIPA means **careful adaptation of training intensity, rules and communication style**, ensuring that no athlete is re-exposed to triggers or re-traumatisation.

Several clubs (6, or 25%) emphasised **the importance of trauma awareness and staff training**, underlining that coaches should be prepared to recognise trauma responses and to react empathetically. Practical actions most often mentioned include providing options for privacy, allowing participants to opt out of activities, ensuring clear routines and boundaries, and fostering peer support within the group.

Despite these insights, only a minority of clubs (3, or 12%) report existing structured TVIPA initiatives. This indicates that **while the theoretical understanding of trauma-informed physical activity is present** among a significant number of respondents, **practical implementation remains limited** and mostly reliant on the individual sensitivity of coaches and club leaders rather than formal policy or programme structure.

The mobilisation of club for safety

The SAFE questionnaire indicates that **safety mobilisation is a clear priority for the majority of Portuguese sports clubs and federations involved in fencing**. Of the 24 responses, 16 organizations (67%) have implemented formal codes of ethics or conduct that emphasise respect, inclusion and prevention of any kind of violence or abuse. Regular sharing and discussion of safety protocols with athletes and staff is reported by 14 clubs (58%), including practical actions such as safety briefings, routine checks of equipment and facilities, and enforcing strict access policies to training spaces, especially where youth is involved.

Psychological support is identified as a component of club safety by half of the respondents (12, or 50%), either through internal resources or through partnerships with external professionals. Additionally, **13 clubs (54%) reference active use of inclusive language and strategies** designed to ensure that all athletes feel safe and engaged, regardless of gender or background. Participatory processes are also valued, with 9 respondents (37%) stating that athletes are directly involved in decision-making and in shaping club rules and safety procedures.

Less frequently, clubs mention partnerships with physiotherapists (7, or 29%) or community associations (3, or 12%) with specialized expertise on trauma or violence prevention. While many clubs demonstrate a proactive stance in mobilising safety measures, only a few (17%) have specific actions dedicated to women survivors of violence, and overall mobilisation concerning trauma-related safety remains at an early stage and highly dependent on club capacity.

The results show that, although good foundations exist, clubs acknowledge the need for ongoing training, resources and coordination to ensure their safety mobilisation meets the diverse needs of all their members.

*Interest and pertinence of **fencing for women**
victims of sexual abuses*

The SAFE questionnaire shows considerable consensus that fencing holds potential benefits for women victims of sexual violence. Among the 24 respondents, 17 (71%) believe that fencing can be an empowering, restorative activity for this group, frequently highlighting its structured environment, emphasis on self-control, and capacity to nurture concentration, self-confidence, and emotional regulation.



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Comments state that fencing, when adapted, can serve as an avenue for stress relief, regaining autonomy, and learning to set personal boundaries—valuable outcomes for trauma survivors.

Nonetheless, nuances emerge in the responses: 7 clubs (29%) raise concerns that, due to the **combative and weapon-based dimension of fencing, some women with trauma might not initially feel comfortable without gradual adaptation or additional psychological support**. Several respondents underline that positive results depend on trauma-informed coaching and the capacity to offer individualised progression in a non-threatening, supportive space. Clubs see fencing's discipline and structure—when combined with empathy and flexibility—as key levers for the reestablishment of trust and empowerment in women survivors of sexual abuse.

*Existing offer and **programs of fencing for women living with sexual traumas***

Despite strong perceived pertinence, concrete fencing offers or structured programs for women living with sexual trauma are still very limited in Portugal. Only 4 out of the 24 clubs (17%) report having ever adapted sessions or developed initiatives with this target group in mind. Of these, **most interventions consist mainly of informal adaptations** within regular classes rather than dedicated, therapeutic programmes: individual trainers adapt exercises or communication for perceived needs, but systematic, ongoing support is rare.

Formal links with psychological support services or specialist associations are present in just 2 clubs (8%), and only 2 clubs/federations mention explicit partnerships in their responses. **No respondent is able to point to a well-established, long-standing fencing programme exclusively targeting women survivors of sexual abuse or trauma.** The few mentions of outreach are typically recent, limited in scope or implemented within the scope of the SAFE project itself.

In summary, while fencing is seen by most respondents as highly pertinent for the emotional and physical recovery of women victims of sexual violence, **Portugal's actual offer remains embryonic, mostly dependent on the personal motivation of coaches, ad hoc adaptations, and pilot projects.** There is a clear need for further institutional commitment, dedicated resources, and intersectoral partnerships to translate this recognised pertinence into routine, sustainable programmes at the national scale.

CONCLUSION

Using fencing for women victims of sexual abuses in the portuguese context

The SAFE questionnaire highlights both **a strong perceived relevance and significant limitations regarding the use of fencing as a tool for the recovery of women victims of sexual abuses in Portugal**. Among the 24 clubs and federations that responded, **71% recognise fencing's potential to help survivors** regain confidence, autonomy, and emotional balance, citing its benefits for self-esteem, self-discipline, and boundary setting. However, only 17% report any practical initiatives targeting this population, and almost all of those are informal and not sustained over time.



Among the 24 clubs and federations that responded, **71% recognise fencing's potential to help survivors** regain confidence, autonomy, and emotional balance, citing its benefits for self-esteem, self-discipline, and boundary setting.

However, only 17% report any practical initiatives targeting this population, and almost all of those are informal and not sustained over time. Most clubs emphasise **the need for trauma-informed coaching and a safe, supportive environment as prerequisites** for any fencing offer aimed at survivors. Partnerships with specialised professionals remain scarce (8%) and there is an almost total absence of structured programmes with psychological support or multidisciplinary collaboration. Trainers often show willingness and belief in fencing's positive impact, yet lack the resources, training, and institutional guidance necessary to implement and maintain such initiatives.

In conclusion, the Portuguese fencing community displays genuine interest and commitment towards supporting women survivors of sexual violence, but the current reality is marked by a fragmented, experimental approach.

To turn fencing into a true resource for recovery among this population, clubs and federations must invest in formal training, develop sustained partnerships with health and support services, and advocate for policies and funding that enable the creation of stable, inclusive, and trauma-informed programmes.

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