



# EUROPEAN ANALYSIS: THERAPEUTIC SUPPORT AND CARE FOR WOMEN VICTIMS OF SEXIST AND SEXUAL VIOLENCE THROUGH SPORT

## EUROPEAN REPORT



Co-funded by  
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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.



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// SAFE EUROPEAN ANALYSIS

# BRIEF

SAFE is a European project that is 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 assaults. The first phase of the project is dedicated to research and analysis works (a literature review, a National and European sectoral analysis, 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

## ABBREVIATIONS

**GBV:** Gender-based violence

**EU:** European Union

**TFEU:** Treaty on the Functioning of the European Union

**HEPA:** Health-Enhancing Physical Activity

**PTSD:** Post-Traumatic Stress Disorder

**PA:** Physical Activity

**TVIPA:** Trauma- and Violence-Informed Physical Activity

**LLS:** 'Lëtzebuerg lieft Sport' – the Luxembourgish philosophy towards sport

**INSERM:** French National Institute for Health and Medical Research

**HAS:** French National Authority for Health

**PRN2S:** French Research Center on HEPA

**NGO:** Nongovernmental organization

**NCDs:** Non-Communicable Diseases

**PNPAF:** Portuguese National Programme for the Promotion of Physical Activity

**WHO:** World Health Organization

**FLASS:** Luxembourgish Federation of HEPA associations

**IPDJ:** Portuguese Institute of Sport and Youth

**APA:** Adapted Physical Activity

**FFCEB:** Francophone Federation of Fencing Clubs of Belgium

**FFE:** French Fencing Federation

## PURPOSE

This document brings together each national analysis from Portugal, France, Belgium and Luxembourg designed as part of the SAFE project to produce a comparative study of the therapeutic support and care for women victims of sexist and sexual violence through sport. It starts by looking at the European Union (EU) political landscape, assessing the institutional approach to the issue of sexual and gender-based violence (GBV) both at society level but also in the field of sport. In order to get a good grasp of the EU's apprehension of the topic it is also key to look at the policies and initiatives in terms of health-enhancing physical activity (HEPA) as it sheds light on the extent to which sport is perceived as a legitimate tool for post-trauma recovery.

This understanding of the interconnectedness of the topics is replicated in the rest of the document which synthetizes and contrasts the national analyses. Indeed, before assessing the state of therapeutic support and care for women victims of sexist and sexual violence through sport in each of the countries, it is crucial to scrutinize the countries' approaches and advances in term of HEPA, which establish the basis for more specialized initiatives. Looking at the place that women occupy within the sport ecosystem, and notably fencing, is also telling of the potential for such initiatives as higher levels of gender equality facilitates the implementation of a gendered and adapted approach. Having looked at these contextual elements, the document then turns towards the analysis of the state of sexual trauma- and violence-informed fencing in each of the countries through survey responses and summarizing these in a SWOT analysis.

## INTRODUCTION: THE EU POLICY LANDSCAPE ON SEXUAL AND GENDER-BASED VIOLENCE AND HEALTH

### *Sexual and GBV across the European Union (EU): a Widespread Problem emerging as a Policy Priority*

**1 in 3**

women in the EU have experienced physical or sexual violence in their adulthood

**1 in 5**

have experienced such violence by one of their kin

**Only 1 in 5**

have contacted a healthcare or social service provider

**Just 1 in 8**

have reported the incident to the police

(Eurostat, FRA, EIGE, 2024)

These results highlight **the persistence of the issue of sexual violence and GBV across the EU**. Sexual violence encompasses any sexual acts, or attempt at sexual acts that entail coercion, as well as unwanted sexual comments or advances (Council of Europe, 2024). GBV covers all types of violence ensuing one's gender or that overwhelmingly reproduces gendered patterns (Istanbul Convention, COE, 2011). While across EU Member States, gender inequality figures are successfully decreasing, numbers in sexual violence and GBV remain alarmingly significant key health and political challenges. This is illustrated by the 'Nordic paradox', which highlights that despite high levels of gender equality in northern European countries (Sweden, Finland and Denmark), cases of GBV remain quite significant (Gracia & Merlo, 2016).

Besides highlighting the prevalence of sexual violence and GBV in the EU, this survey sheds light on some of the main problematics that arise from these phenomena. Indeed, it appears **that women who are victims of such violence rarely contact organizations that could provide them with support following the incident** and even more rarely do they report it to the police. This can be result of the embarrassment and feeling of shame that often results from such incidents. It appears therefore crucial, not only to work to prevent sexual and GBV in the EU but also to **strive to provide adequate support so that they regain self-confidence** and feel empowered to report such incidents.



Considering this, sexual and GBV appear as real health and political priorities that the EU has sought to address. Ursula van der Leyen's Commission has put a special emphasis on combatting GBV through its **Gender Equality strategy for 2020-2025** and more recently in the roadmap for women's rights. Indeed, in both policy papers, **ending GBV appears as one of the key objectives**. With the Gender Equality Strategy, the EU completed significant commitments. In October 2023, it became signatory of the **Istanbul convention** which is the most important text in international law on the prevention and combating of violence against women and domestic violence. It also **created an EU network on the prevention of GBV and domestic violence** to share good practices and allow for more efficient policies across the EU. In 2024, the EU adopted the **Directive 2024/1385 on Combating Violence Against Women and Domestic Violence** which aims at protecting women victim of GBV and of domestic violence relying heavily on the Istanbul convention. Finally, in December 2025, the European Parliament and the Council agreed on the revision of the Victims' Rights Directive, which ensures more targeted and integrated support for victims and notably victims of sexual violence and GBV.

### What can the EU do on sexual and GBV?

According to **articles 82(2) and 83(1) of the Treaty on the functioning of the EU (TFEU)**, the EU can lay down minimum rules and standards for national legislation on sexual violence and GBV to ensure the efficiency of mutual recognition of the legal systems across the EU.

## ***The Necessity of Safeguarding in Sports in light of Prevailing Sexual and Gender-Based Violence***

**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)

**14%**

of athletes in the Netherlands and Belgium report sexual violence in sport and up to **17%** in France

This issue, given its prevalence in sport, is reflected in EU sport policy. In 2023, the Council of the EU adopted **conclusions on ‘Women and equality in the field of sport’**, which stress the **impact of sexual violence on the participation of women in sports** and recommends to actively combat gender-based violence in sport. Under the first priority area of the **EU workplan on sport for 2024-2027** namely integrity and values in sport, the EU strives to provide a safe environment in sport through the “prevention of harassment, abuse, and violence, including sexual violence”. It also engages to promote gender equality in sport by increasing female participation, which is dependent on the condition that sport is a safe space for all.

### **What can the EU do in sport and physical activity?**

Since the entry into force of the Lisbon treaty in 2009, the EU can build up and implement an EU sport policy. According to **article 6 of the TFEU**, the EU can support, coordinate and supplement the actions of Member States in the area of sport. **Article 165 of the TFEU** further details the competencies and objectives of the EU in terms of sport, stating that “The Union shall contribute to the promotion of European sporting issues, while taking account of the specific nature of sport, its structures based on voluntary activity and its social and educational function.”

## ***A Growing Recognition of Health Enhancing Physical Activity (HEPA) in the EU hindered by a Gap on Sports for Mental Health***

Sexual and GBV are inherently traumatic events for the victims, who are left not only with physical but also psychological scars. The impact of such events on the victim's mental health is widely researched and documented, the most notable being the **development of Post-Traumatic Stress Disorder (PTSD)**. Indeed, while 6% of the general population presents symptoms of PTSD, 31% to 52% of those exposed to cases of sexual assault risk developing it (Resick, 2016; Steketee & Edna, 1987; Pebole et al., 2022). Effects of PTSD can range from intrusive memories, irritability, avoidance, up to anxiety and depression, which significantly impairs their daily lives and relationships.

While sexual and GBV remain key issues that ought to be addressed in the sport sector, **physical activity (PA) can be used as tools to support victims of these forms of violence**. As identified in the literature review, numerous researchers have underlined the therapeutic powers of sport making it an efficient tool for the psychosocial recovery of victims of sexual and GBV. From the thorough analysis of existing literature on the subject matter, the review uncovers that physical exercise is a useful tool in that it enables women to regain both ownership of and confidence in their bodies, allowing them to reconnect with themselves and others and to regain control of their life.

The therapeutic benefits of PA are recognized by the EU under the concept of **Health-Enhancing Physical Activity (HEPA)**. The **2013 Council Recommendations on promoting health-enhancing physical activity across sectors** remain the EU's authoritative position on this issue. However, while these recommendations acknowledge PA's importance for mental health, they do so in limited terms, maintaining a primary focus on physical health outcomes. The EU is currently working on a remodeling of these recommendations, which will hopefully be an opportunity for a more comprehensive approach to HEPA that includes mental health and the use of sport for post-trauma recovery.

Mental health has recently gained prominence in EU policy, most notably through the **2023 Comprehensive Approach to Mental Health**, which elevates mental health to the same priority level as physical health. This approach commits to investing in capacity building and emphasizes social reintegration following recovery. Yet despite these advances, it fails to explicitly identify physical activity as a potential intervention tool.

This policy landscape reveals a significant gap: physical activity as a means of supporting mental health, particularly in aiding recovery for survivors of sexual and gender-based violence, remains largely overlooked in EU frameworks. While the **European Alliance for Sport and Mental Health**, co-funded through Erasmus+, partially addresses this gap through targeted projects and initiatives, comprehensive legal and policy frameworks on this intersection remain underdeveloped.

#### What can the EU do in public and mental health?

The EU has very limited capacity for health. According to **article 168 of the TFEU** the EU has shared competency on matters of public health and can solely support, coordinate and supplement MS' actions to prevent physical and mental illness. The EU can therefore aim at promoting mental health, HEPA and the use of PA for victims of sexual and GBV recovery, through soft power such as funding and recommendations.

### **And Elsewhere in Europe?**

In light of the gap in the EU's institutional approach and given the limited competencies in each of the mentioned areas, initiatives rely mainly on organisations implementing projects, notably some funded under EU programs.

For instance, the **Icehearts Europe** Project is a European project coordinated by ISCA (Denmark) that focuses on disseminating its holistic methodology for children and youth with special needs to other countries beyond its origin country of Finland. Sport is a tool used to engage vulnerable children in social work in and after school as well as to improve their mental health.

In regard to promoting sport for mental and physical health, the **World TT4Health** by the International Table Tennis Federation Foundation is also an interesting initiative that targets people with neurodegenerative diseases but not only. Some of the events have taken place in Sweden, France, Greece and Germany to showcase the benefits of physical activity to people usually less engaged in sport.

In the Netherlands, the **Wilhelmina Kinderziekenhuis** (WKZ, a children's hospital in Utrecht) has a sport program for children with a disability or chronic illness. It provides families with advice on how to adapt physical and sporting activities to the specific needs of their children but also offers these activities, in partnership with local sporting organizations, whether they've been patients or not.

## KEY DEFINITIONS

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### 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 people victims of trauma and violence**. There are 4 principles:

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

# HEALTH-ENHANCING PHYSICAL ACTIVITY ACROSS BELGIUM, FRANCE, LUXEMBOURG AND PORTUGAL: OPPORTUNITIES AND WAYS FORWARD

## *HEPA Policies and Approaches: Varying Levels of Priority of HEPA on the Political Stage*

This section builds on the four national analyses to examine how our four implementation countries across the EU approach HEPA. The advance in policy initiatives and levels of implementation is disparate. While in France the relevance of the issue seems established, it is less striking in Luxembourg and Portugal, despite notable initiatives. On another note, Belgium's federalized approach creates regional variations in implementation.

### *Defining "Sport for Health"*

Each of the country's analysis has provided a different definition of HEPA, which reflects their differences in their approach to the concept.

- **Belgium's analysis** emphasizes a holistic wellness approach, targeting physical, mental, and social well-being without focusing on competitive performance. The framework specifically addresses chronic disease prevention (diabetes, obesity, cardiovascular diseases) and stress reduction, making it particularly relevant for aging populations and at-risk groups.
- **France's** takes a lifespan approach with its "health-related sport" concept, explicitly addressing sedentary lifestyles across all age groups and medical conditions. This inclusive definition encompasses both preventive and therapeutic dimensions, positioning physical activity as integral to quality-of-life improvement.
- **Portugal's** defines sport for health through three interconnected pillars: well-being promotion, disease prevention, and social inclusion. This definition reflects a public health perspective that recognizes physical activity's role beyond individual health outcomes.
- **Luxembourg's analysis** does not articulate a formal definition of HEPA, but instead embedded health within its wider 'Lëtzebuerg lieft Sport' (LLS) framework. This philosophy is centered around the connections between good people, good programs and good places and aims to encourage the practice of PA through the implementation of targeted programs and the development of high-quality infrastructures.



## Priority Status

Country	National Priority	Regional Priority	Evidence
<b>France</b>	⊕ ⊕ ⊕ Explicit	⊕ ⊕ ⊕ High	HEPA recognized as “Public interest” in the Sports Code Dedicated national strategy
<b>Belgium</b>	⊕ Not identified per se	⊕ ⊕ ⊕ Strong regionally	Sport as a regional competence Commitment illustrated by ADEPS programs in Wallonie-Bruxelles
<b>Portugal</b>	⊕ ⊕ Developing	⊕ ⊕ Developing	National Strategy (2016-2025) with a dedicated program for HEPA pursued with the new plan for 2026-2036 Inter-ministerial coordination Not perceived as priority by all actors
<b>Luxembourg</b>	⊕ Emerging	⊕ Integrated	Aligns with WHO recommendations Embedded in ‘Lëtzebuerg lieft Sport’ philosophy No explicit priority statement

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**Policy Development Timeline**


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## BELGIUM

2014

Decree on health risk prevention in sport. Aims to prevent health risks linked to sport practice

2019

Decree on organized sports movement. Emphasizes the promotion of PA and social integration in sport  
 .....  
 Creation of the ASBL Sport sur Ordonnance (Medical prescription of PA) to coordinate and further develop the medical prescription system

PRESENT - 2026

Regional and local initiatives by Flemish/Walloon authorities for the promotion of HEPA and development of the medical prescription system

## LUXEMBOURG

1984

Creation of the ALGSC an NGO that offers therapeutic physical activity for cardiac patients

2012

Sport-Santé project by the Sports Medicine Research Laboratory of the Luxembourg Institute for Health to produce scientific research informing initiatives and policies

2016

FLASS (Fédération Luxembourgeoise des Associations de Sport de Santé) created as main coordinating body

2024

Launch of the Sport-Health plan (Sport, Santé, Bien-être) that aims to integrate sport and PA in public health policies

PRESENT - 2026

Regional implementation of the Sport-Health plan (Plans Régionaux sport-santé bien-être) with adapted and targeted initiatives

## PORTUGAL

2007

Legal basis for sports/PA established (Law n°5/2007)

2016

National Strategy (2016-2025) including a National Programme for the Promotion of Physical Activity (PNPAF) to fight sedentary behavior and noncommunicable diseases (NCDs)  
 .....

Inter-ministerial commission established

2017

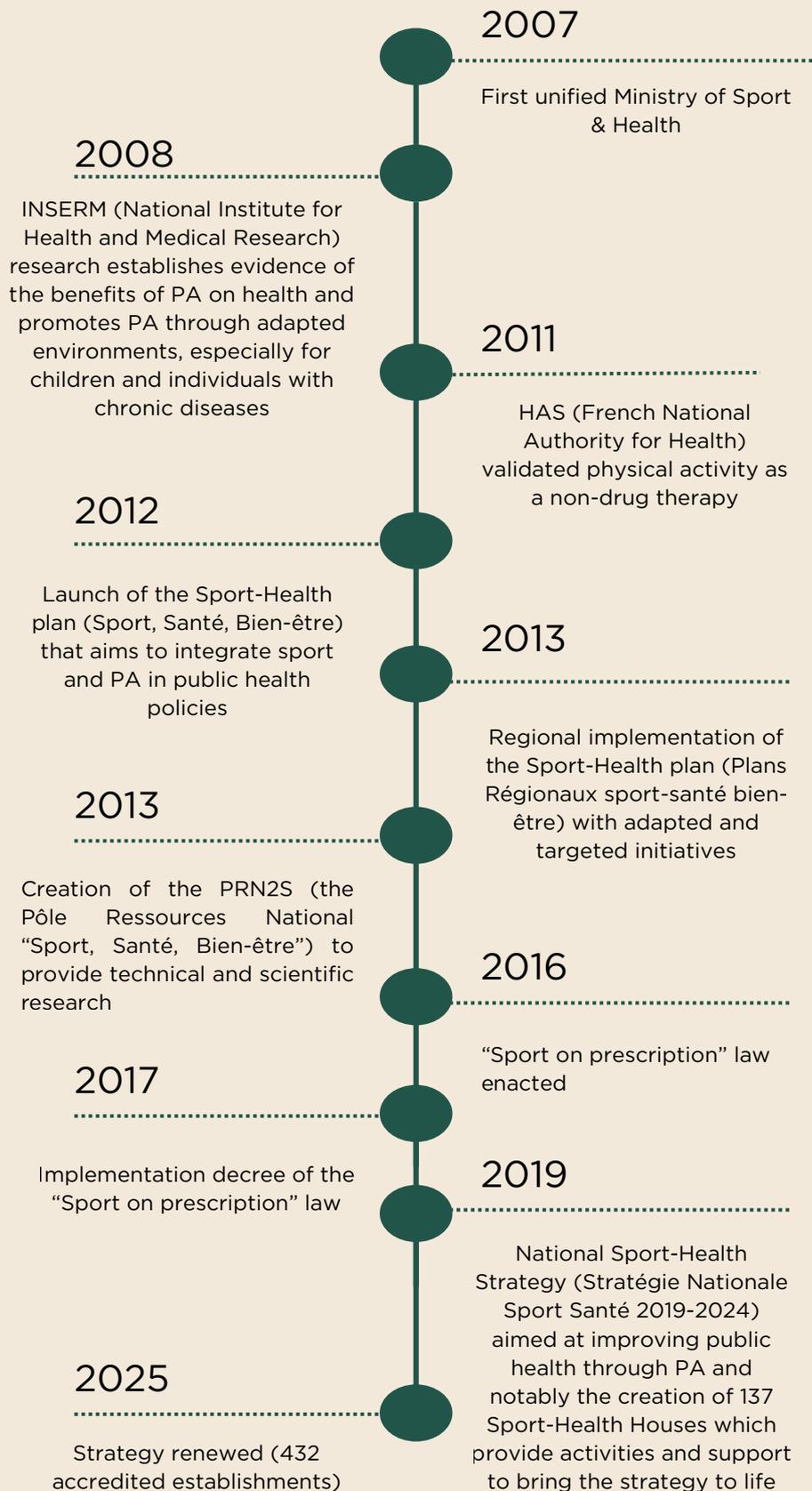
Formalization of the medical prescription

PRESENT - 2026

New National Sports Development Plan (2026-2036) building upon the PNPAF & Expansion at the Grassroot level



## FRANCE



## Implementation Strategies & Programs

The four countries demonstrate markedly different implementation philosophies, ranging from centralized infrastructure networks to decentralized grassroots mobilization. These variations reflect not only resource disparities but also distinct theories of change regarding how best to increase population-level physical activity.

### **Belgium**

Belgium's implementation strategy operates primarily at the municipal and regional levels revolving around the following areas of action:

- **Infrastructure development:** Municipalities across Wallonia, Flanders, and Brussels develop accessible infrastructure including parks with exercise equipment, dedicated bike paths, and public gyms.
- **Financial innovation:** Some health insurance funds partially reimburse members for participation in designated preventive activities including yoga, swimming, and fitness classes. This highlights the benefits of sport as a preventive measure, especially in the enhanced reimbursement rates targeting children.
- **Targeted actions:**
  - The initiative Bougez+ specifically targets the elderly with the aim of supporting senior autonomy.
  - Schools also increasingly incorporate PA in their curriculum, recognizing early-life activity patterns as foundational for lifelong health
  - Associations propose more and more activities accommodating special needs, be they the result of chronic illnesses or disabilities.
- **Research Integration:** Belgium contributes to European comparative studies on sport for health impact assessment through leading universities including ULB (Université libre de Bruxelles) and KU Leuven.

## Portugal

Actions developed in Portugal widely diverge in scope, ranging from national campaigns to more grassroots initiatives:

- **National Program Framework:** the National Programme for the Promotion of Physical Activity (PNPAF) of 2016-2025, led by the Directorate-General of Health, is part of the 2016-2025 National Strategy and aims to tackle high inactivity rates and to effectively integrate PA into the health system. Building on this framework, Portugal decided to renew its institutional effort in HEPA with a new National Sports Development Plan for 2026-2036.
- **Mass communication strategy:** The “Follow the Whistle” Campaign was a massive multimedia communication campaign incentivizing adults to incorporate and flag PA in their daily activities to encourage frequent exercise.
- **Grassroot and Community-based infrastructure:** in the national analysis, the grassroots structures that took part in the survey underscored the actions that they had themselves put in place to foster inclusion and safe sport practice, although only a few provided trauma- informed activities.

## Luxembourg

Luxembourg’s action revolves mainly around its comprehensive Lëtzebuerg lieft Sport (LLS) philosophy, in which health is embedded. Initiatives and projects that rely on HEPA in Luxembourg are mainly coordinated by the FLASS a number of which focus on sport for mental health:

- **The City of Luxembourg** has put in place projects such as ‘Sport for All’ and ‘Fit 60+’ that encourage physical activity in light of its benefits for individual’s mental health.
- The project ‘PSSM Teen’ ran by the **Ligue Luxembourgeoise d’Hygiène mentale** teaches teenagers first aid for mental health to foster a culture of support and enable early detection.

## France

France has constructed the most extensive physical and organizational infrastructure among the four countries, reflecting both greater policy maturity and structural advantages including larger population, centralized governance traditions, and higher public spending capacity. France's approach to sport-for-health revolves around two main measures as follow.

### **Sport-Health Houses (Maisons Sport-Santé):**

- From 137 accredited establishments at its creation by the ministries of Sport and Health in 2019 to 432 across all French regions in 2025.
- Services are especially targeted at priority groups such as individuals with long-term conditions, chronic illnesses or significant physical inactivity, but are also available to the general population.
- Multidisciplinary teams conduct medical evaluations, develop personalized physical activity prescriptions, coordinate between healthcare providers and sports professionals, and provide ongoing monitoring and program adjustment.
- National accreditation standards ensure consistent service delivery and management while permitting local adaptation to regional health profiles and cultural contexts.

### **The PRN2S (Pôle Ressources National Sport Santé) - National Sports and Health Resource Center:**

- This research hub is located within the professional sports center of Vichy serves as the intellectual and technical backbone of France's HEPA system.
- Other similar research centers such as the PRNSN (for nature sports and environmental research) in the Auvergne-Rhône-Alpes region and the PRNSI (for sport innovations) in Nantes. These were each put in place to inform the policymaking of the Ministry for Sports and to support the implementation of the national strategy through technical and scientific research.
- The main goals of the PRN2S are to develop the technical skills of all stakeholders, to promote and implement the national sports for health strategy, lead public debate, share best practices, and monitor information.
- On top of these, it lists health and sport organizations across France, providing information on regionally available portals.

### **And Elsewhere in Europe?**

In other European countries, “sport for health” is at the center of sporting and health policies.

 In Finland, the responsibility of local government to promote “physical activity promoting health and wellbeing”, understood as “all types of physical activity in the course of human life designed to maintain and improve the state of health and functional ability of the population” is enshrined in the 2015 Act on the Promotion of Sports and Physical Activity (“Liikuntalaki”, Chapter 1, Section 3).

 Another good example of health focused sporting policies comes from Ireland: since 2018, the Irish Physical Activity Research Collaboration (I-PARC) gathers researchers, policymakers, and practitioners to think of innovative ways to increase physical activity levels in the country (Sport Ireland, 2026). These examples show efforts to encourage physical activity for health across the EU.

### *Medical prescription of physical activity*

Generalized and widespread medical prescription for sports is a good indicator of integrated relationship between the two sectors, with doctors effectively prescribing sport as a legitimate solution.

<b>Feature</b>	<b>Belgium</b>	<b>France</b>	<b>Luxembourg</b>	<b>Portugal</b>
<b>Medical Prescription</b>	YES	YES	Developing	YES
<b>Legal Framework</b>	Initiative coordinated by the ASBL Sport sur Ordonnance and implemented at the local level	Law from 2016	Pilot planned for 2026	Formal process through the IPDJ (The Portuguese Institute of Sport and Youth) since 2017
<b>Target Population</b>	General	Chronic disease and disability focus	Chronic disease focus	General and/or therapeutic

### — The profession of adapted physical activity (APA) instructor —

As the concept of HEPA gains traction across the EU, there is growing recognition of the **need to adapt physical activity for individuals with disabilities and those in recovery**. This is where APA instructors play a crucial role. They modify physical activity programs and develop individualized interventions tailored to specific needs, ensuring not only accessibility but also designing approaches that support both physical and mental recovery. Despite the growing need for such profession, its recognition remains rather limited, especially within the medical sphere.

**The recognition and development of the profession of APA instructor is also telling of the relationship between the sport and the health sector.** Indeed, a widespread acknowledgment and support of such profession is an indicator of mutual recognition and willingness to collaborate.

- In **Belgium**, there are multiple courses and training tracks that a student can follow to become an APA instructor. Beyond these initial university courses, to practice as an instructor, a student needs to have obtained a specific diploma that is bestowed upon by the ADEPS (the public body in charge of PA in the Wallonia-Brussels region). Through the significantly developed Belgian medical prescription framework the profession is widely recognized by the health sector.
- In **France**, sports studies include a curriculum dedicated to APA, training future instructors. However, it is a specialized track, and other specializations do not cover elements of APA. The profession of APA instructor is regulated, promoted by a 2016 law on modernization of the health system and is increasingly recognized in the medical sphere, attesting for relative recognition.
- In **Portugal**, the profession of APA instructor is regulated, requiring a bachelor's degree in physical education and a qualification course or a master's degree in physical education with APA specialization. The requirement for specialization and the integration of medical modules in the training course ensures medical credibility to the profession.
- In **Luxembourg**, unlike in all the three other implementation countries, the profession of APA is not and explicitly regulated. While general sport instructors and therapists can have dedicated and specialized certificates there is no official recognition of the profession.

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## The link between the medical and the sport sector

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The **relationship between medical and sport sectors directly determines HEPA effectiveness**. When sectors operate strictly separately, doctors don't know which programs exist to refer patients to, and worse, may not take sport-based interventions seriously as legitimate health treatment. **Without medical sector buy-in, even well-designed programs struggle to reach full potential** and to benefit all beneficiaries. The sport/health integration level can be defined by looking at all the categories outlined above. Our observation enabled us to conclude the following:

### France



France has well-developed sport-health integration through infrastructures like maison sport santé and the PN2RS research network. The 2011 recognition of physical activity as non-drug therapy and medical prescription options are key strengths, though prescription remains limited. APA instructors have specialized training and official status, but need better recognition from medical practitioners.

Belgium shows the highest sport-health integration level, with advanced medical prescription of physical activity and insurance company financial incentives. APA instructors are officially regulated and well-recognized medically. Belgian universities actively contribute to EU-wide sport-for-health research.

### Belgium



### Portugal



Portugal has relatively strong sport-health integration with formal medical prescription of physical activity. The institutional framework is promising, particularly the 2016 interministerial commission. APA instructors are well-recognized with core medical elements in their training.

Unlike other implementation countries, Luxembourg has weak sport-health integration despite FLASS as a stronghold. Sport-for-health isn't explicitly in the national strategy (LLS), and medically prescribed physical activity is nascent with a 2026 pilot project. APA instructors lack official recognition.

### Luxembourg



## ***Fencing Federations as Potential Catalizers of Progress that mirror the National Contexts***

While in the previous section, we make sense of the different political approaches to HEPA of each country of implementation, this section focuses mainly on each of the fencing federation's approaches to the topic. National federations, and particularly **fencing federations** in the present context serve as **critical intermediaries that translate broad health policies into discipline-specific programs**. The four national fencing federations demonstrate varying degrees of HEPA integration, reflecting both national policy environments and sport-specific organizational priorities.

### ***Belgium***

On paper, the Francophone Federation of Fencing Clubs of Belgium (FFCEB) does not identify sport for health as an explicit strategic priority in its 2025 objectives or official communications.

Nonetheless, in practice, the FFCEB promotes some elements and initiatives that are to some extent related to HEPA. Indeed, the FFCEB emphasizes fencing's accessibility across age groups, and notably provides adapted activities for participants over 40, framing sport as a lifelong activity rather than a solely youth-oriented and performance-focused sport.

**Alignment with the National Framework:** Belgium's regional governments actively promote sport for health through programs like Sport sur Ordonnance and special infrastructure. Yet, this policy priority has not yet been transposed explicitly in the FFCEB strategic orientation. The federation's accessibility messaging suggests latent alignment with health objectives without formalized integration into organizational mission or resource allocation.

### ***Luxembourg***

Luxembourg's fencing federation's approach to HEPA revolves mainly in its participation in projects that focus on health. Prior to taking part in the present SAFE project, the federation had participated in a project that promoted the use of fencing as a form of post treatment therapy for women that suffered from breast cancer.

**Alignment with the National Framework:** The approach of the Luxembourgish federation reflects the wider national approach of the country in that it demonstrates nascent but growing health-oriented programming. The focus on breast cancer survivors also matches the country's approach to sport-for-health, targeting especially medical populations.



## **Portugal**

According to some representatives of the Portuguese fencing federation, sport-for-health appears as a priority for the federation. This is exemplified by the instigation of policies and certifications that focus on the promotion of safe practice, ethical standards and inclusion of vulnerable populations. This involves actions such as continuous education of coaches, implementation of health and safety protocols, and national partnerships with health and safeguarding programs. More specifically, a few resources provide dedicated trauma-informed practice and targeted support for survivors of violence. Yet this last aspect remains a largely underdeveloped area in the federation.

**Alignment with the National Framework:** This approach is aligned with the Portuguese understanding to HEPA in that it stems from national impulses but truly come into practice through more local and grassroots actions. In addition, the fact that it is an active work in progress mirrors the national trend.

## **France**

The French Fencing Federation (FFE) is committed to the promotion of sport-for-health as illustrated by its support to specific projects such as:

- Breast Cancer recovery programs which revolve around sessions for women who wish to combine fencing with reconstructive therapy.
- ATPE fencing therapy proposes sessions dedicated to people exposed to interpersonal violence.

Such programs are facilitated by the FFE, notably through its training institute that offers courses preparing instructors to deliver therapeutic fencing sessions.

**Alignment with the National Framework:** The French Fencing Federation demonstrates relatively developed sport-for health integration, which is consistent with France's advanced national HEPA policy framework.

## WOMEN IN FENCING: AN ACTIVE PARTICIPATION DESPITE A PERSISTENT UNDERREPRESENTATION

This section analyses the place that women are given in fencing across Belgium, France, Luxembourg and Portugal. It looks at their participation in fencing, their representation in the federation and the initiatives that have been put in place to support their health. At the end of this section, we look at the role allocated to sport as a tool for post-sexual violence recovery.

### Women's Participation in Fencing

To understand the place that is allocated to women in fencing, it is important to look at the number and proportions of women fencers but also to their inclusion within the practice of fencing and the initiatives currently put in place to strengthen their participation.

Women in fencing:

**33%** of license holders are women in the French Fencing Federation compared to a 39% average across all French Federations.

**25%** of license holders are women in the Belgian Fencing Federation. Yet, they are significantly active and occupying a growing role.

In Portugal and Luxembourg, there is no public data available although women are described as being active yet **largely underrepresented**

In all four implementation countries, **full competitive access** is guaranteed. Women can participate across all age categories and weapons (foil, épée, sabre) in championships and national circuits.

Notable strategies to encourage women's participation:

- **The right framing:** In Belgium, the clubs and federation actively encourage the uptake of fencing for girls from a young age. To bolster its attractiveness, they insist on the fact that fencing is a sport that helps develop some key qualities like self-control, courage and perseverance.
- **A safe space for all:** As mentioned in the introduction, a key measure to boost women's participation in a sport is to ensure that it is an attractive setting for them, notably by making it a safe space. In light of this, Portuguese fencing, at both clubs and federations level, focused on putting in place safeguarding measures for young girls and putting in place gender-sensitive communication.



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## Women's Representation in Fencing

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While looking at women's participation is key to understand the place granted to women in fencing, looking at the representation of women in executive positions both at the federation and at the club level.

In **France**, the fencing federation is highly committed to the issue of women's representation, and it is to be noted that the FFE was amongst the few French federations to have had a woman as president. Still, the representation of women in leadership positions remains largely unequal, especially at the more local level.

The board of the **Luxembourgish** fencing federation is significantly gender mindful, where women have occupied rather significant positions amongst which that of president.

In **Portugal**, the representation of women in positions of leadership remains an issue that appears as a key challenge that the clubs and federations are aiming to tackle.

In **Belgium**, women remain rather underrepresented in executive positions across the federal and regional federations.

**Notable initiative:** In France, the program "*Mesdames, en garde!*" initiated by the French Fencing Federation in collaboration with the NGO Femix' Sports aims at increasing women's participation and representation in federations focusing on three objectives:

- Increasing women in leadership positions at national and local levels
- Ensuring integrity and safety of female practitioners
- Encouraging women to pursue and engage in fencing instruction and coaching pathways.



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## *Fencing for women's health*

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The four countries demonstrate markedly different levels of development in health-focused fencing programs targeting women, particularly survivors of illness and violence.

While Belgium does not yet have a structured “fencing for health” for women program, its high value of HEPA and commitment to gender equality pose as the basis of a future strategy.

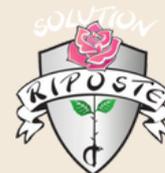
In Luxembourg, the growing interest in the topic is particularly noticeable through projects in which the federation takes part.

Fencing for women's health is a topic already quite advanced in France as illustrated by numerous existing and established initiatives.

In Portugal, the engagement on fencing for women's health stems mostly from the grassroots level and setting out foundations such as codes of ethics and of conduct as well as coach training to ensure they have appropriate approaches. The practical implementations of fencing for women's health remain rather limited with only 4 local clubs reporting that kind of activity.

Fencing for breast-cancer survivors: Several initiatives focus on this particular case using fencing to help women recover after their experience with breast cancer.

- In Luxembourg, the first ever project that used fencing for therapeutic prospects was targeted at patient's post treatment after breast-cancer therapy.
- In France, the Solution RIPOSTE is a program that offers adapted fencing for women recovering from breast cancer, particularly post-surgery, across 100 affiliated clubs. It addresses both physical rehabilitation and psychological recovery, embedded within the clubs activity so as to reduce stigma.




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## *Early stages of Sport as a tool for post-sexual violence recovery*

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Institutional recognition of sport as a recovery tool for sexual and GBV survivors remains limited across the four countries. The focus is primarily on combating violence within sport itself, a crucial but narrow approach that overlooks sport's therapeutic and empowering potential for post-trauma healing.

However, promising initiatives are emerging. The EU-funded TPS project addresses GBV awareness in sports while using sport for recovery. France's National Olympic Committee recently launched a call for projects supporting athlete-survivors through sport. In Belgium, universities like ULB and Antwerp are conducting research on the subject. Though scattered, these efforts signal growing recognition of sport's role in survivor recovery.

## SEXUAL TRAUMA- AND VIOLENCE-INFORMED FENCING: EMERGING PRACTICES AND IMPLEMENTATION CHALLENGES

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This section now turns to analyzing the **development and national approaches to sexual trauma and violence informed fencing** across Belgium, France, Luxembourg and Portugal, based on surveys conducted among key stakeholders in each country's fencing community. **The findings reveal relatively different levels of advancement in awareness, conceptual understanding, club mobilization and program implementation.** France demonstrates the highest awareness levels, and most developed program infrastructure, though they remain limited. Belgium shows strong belief in fencing's potential but lacks structured programs beyond the SAFE project. Portugal reveals a gap between perceived pertinence and minimal practical implementation. Luxembourg faces unique challenges of limited engagement and anonymity constraints in its small, tight-knit community

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### *Safe Sport Environments: National Definitions and Priorities*

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Interestingly, countries have varying definitions and understanding of what a safe sport environment entails. Indeed, they seem to emphasize different elements which can explain to some extent their diverging approaches to the issues and testifies of their varying levels of advancement on the topic.

Belgium and France both emphasize **relational and behavioral dimensions** such as trust, kindness, universal values, interaction management, demonstrating that they give a large place to this dimension in their approach. Portugal, and to a lesser extent France, takes a **formalized, protocol-oriented approach** through codes of ethics, access restrictions and formal guidelines. Luxembourg's focus on **physical environment** quality reflects practical infrastructure considerations.

## — What does Trauma- and Violence-Informed Physical Activity mean? —

In light of the prominence of sexual and GBV as issues of utmost political and health importance, the **SAFE** project **harnesses the potential of trauma- and violence-informed physical to support victims' recovery**. The emergence of trauma- and violence-informed approaches to physical activity acknowledges the need to **rethink the traditional sport and exercise environment** to offer one that is more adapted and mindful.

However, given the recent emergence of the concept, it is not so widely known as illustrated by the survey results. This can partially explain why initiatives that harness trauma- and violence-informed physical activity remain limited. In addition, the concept is sometimes misunderstood, which can affect the quality of the program offered, resulting in initiatives that fail to serve trauma survivors effectively, in spite of well-intentioned motivations.

**France** demonstrates the **highest awareness, with 71%** of respondents having heard of trauma and violence-informed physical activity approaches. Still, two French participants could not provide details once asked to elaborate and one confused the concept with sexism, indicating the need for clearer conceptual dissemination.

**Portugal** shows **moderate awareness at 42%** though **only 25%** of respondents could spontaneously describe main characteristics.

**Belgium** survey results reveal **clear misunderstanding or lack of awareness** about this notion among respondents, though specific percentage data is not provided.

**Luxembourg** shows the **lowest understanding** with half of the respondents of the survey stating that they have no idea of the meaning of TVIPA.

These different levels of understanding mirror each of the country's level of advancement on the matter. On the one hand, the greater awareness in France is inscribed in a national context in which TVIPA is more developed and has been around for a longer time. On the other hand, limited interest and awareness in Luxembourg reflects the fact that TVIPA is still at an early stage of development. Through projects such as SAFE, countries with varying levels of advancement on the topic can come together and support one another, enabling further progress across the EU.

## — What does Trauma- and Violence-Informed Physical Activity mean? —

Respondents who understood the concept associated with TVIPA with:

Belgium	France	Portugal
<ul style="list-style-type: none"> <li>• A calming and empowering environment</li> <li>• Adaptation to individual needs</li> <li>• Safety and active listening</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptation of practices and movements as “gentle actions” or “unabrupt gestures”, plus use of “adapted equipment”</li> <li>• A collective but individualized framework</li> <li>• Supervision by “trained professionals”, ideally “with psychology and medical specialists”</li> <li>• Setting specific objectives aimed at recovery (self-confidence, autonomy)</li> <li>• Taking PTSD into account</li> </ul>	<ul style="list-style-type: none"> <li>• Creating safe, inclusive and non-judgmental spaces</li> <li>• Giving participants a sense of control and choice in activities</li> <li>• Promoting supportive relationships between coaches and athletes</li> <li>• Careful adaptation of training intensity, rules and communication style</li> <li>• Trauma-informed awareness of staff</li> </ul>

Interestingly some key elements that are truly representative of TVIPA were raised by respondents from each of the countries. Thus, the fundamentally adaptative nature of TVIPA was clearly identified across Belgium, France and Portugal. The importance of safety and control was another element that came up across the board. Finally, the need for trained and aware staff with psychological understanding was another common argument that was raised in each of the countries.

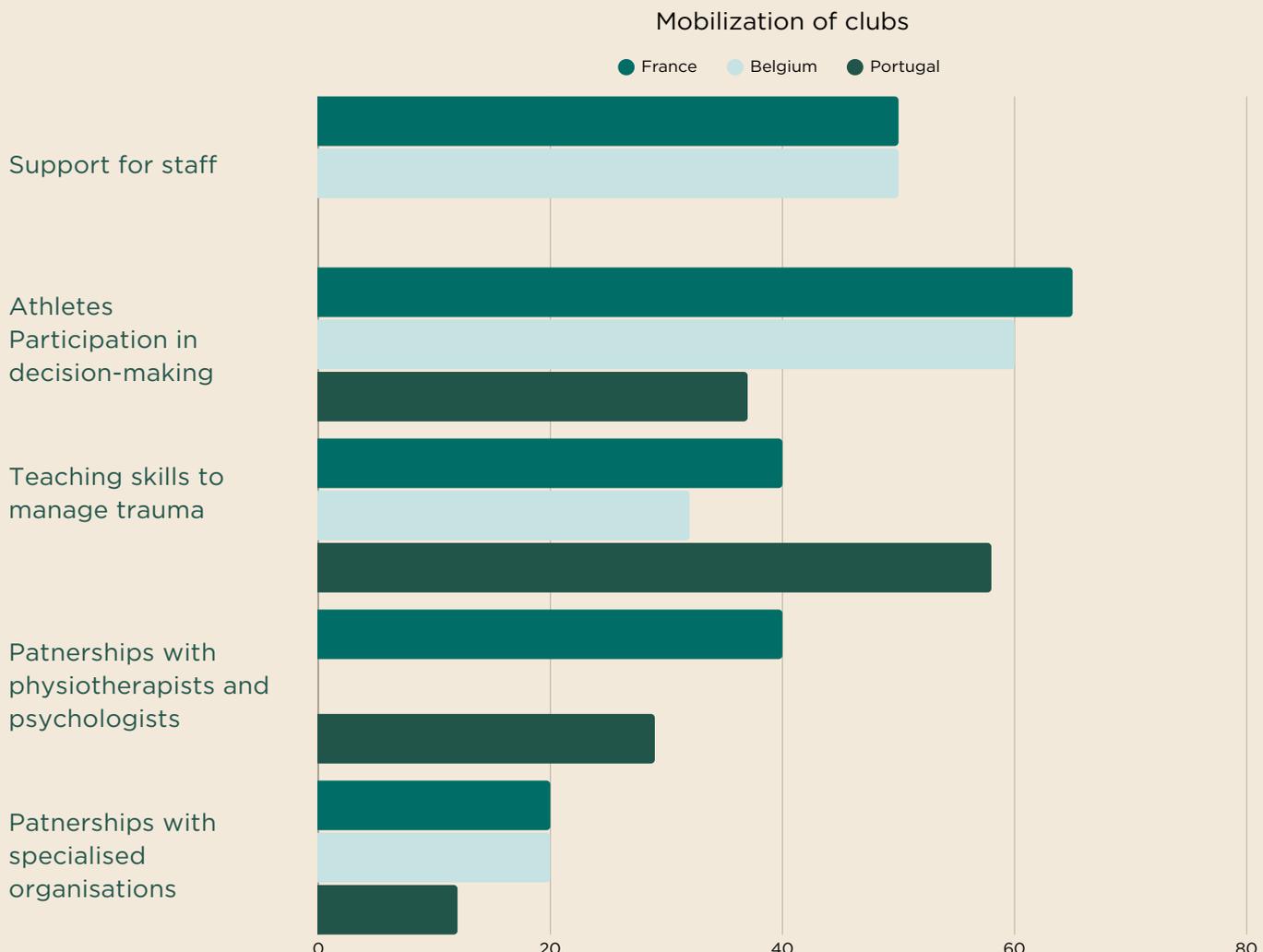
## Promising Mobilization of Clubs for Safety Despite Limited External Partnerships

violence informed fencing. Indeed, they are the direct contact point with the sexual and GBV survivors, accompanied by these initiatives. In as such, the level of mobilization of these clubs is key to the success of these programs.

To fully account for the degrees of mobilization, and because the means of mobilization may vary, it is important to look at different dimensions.

First, understanding the level of support given to the staff is crucial as they are the main intermediary to the beneficiaries and directly influence the club's activity. This is also why teaching skills to manage trauma is crucial as informed and aware coaches can best provide support. Athlete participation in decision-making is also important as the more athletes are involved the more it demonstrates that clubs' activities are adapted and answer their needs.

Finally, partnerships with physiotherapists, psychologists and other specialized associations allow to enhance the clubs' activity to ensure they are most relevant and adapted.



Belgium and France show similar patterns of **moderate staff support** (50-60%) and **strong athlete participation** (60-65%) but very low specialized partnership rates (<20%), indicating that safety mobilization remains internally focused without external expert integration.

Portugal paradoxically shows the **highest training rates on trauma management** (58%) yet the lowest percentage of clubs with specialized association partnerships (12%), suggesting that training may be generalized rather than trauma-specific, or that trained staff lack organizational infrastructure to implement learning.

It is important to note that in Portugal, the **strong emphasis put on codes of conduct and the use of inclusive language** also appears through survey results on clubs' mobilization. Indeed, 67% of organizations which answered the survey indicated that they have implemented formal codes of ethics or conduct. Also, 54% of respondents reference active use of inclusive language and strategies to ensure that all athletes feel safe and engaged.

On the matter of clubs' mobilization, Luxembourg appears to be at the **very early stage** with very little commitment being undertaken by the clubs and federations. None of the clubs have training in GBV and sexual trauma and the responses in the survey point to a lack of support measures, inclusive language and also partnerships with external specialists. As a matter of fact, the SAFE project is the instigator of clubs' engagement on sexual and GBV support through fencing. This first step is encouraging given that the clubs involved appear as willing to pursue their efforts afterwards.

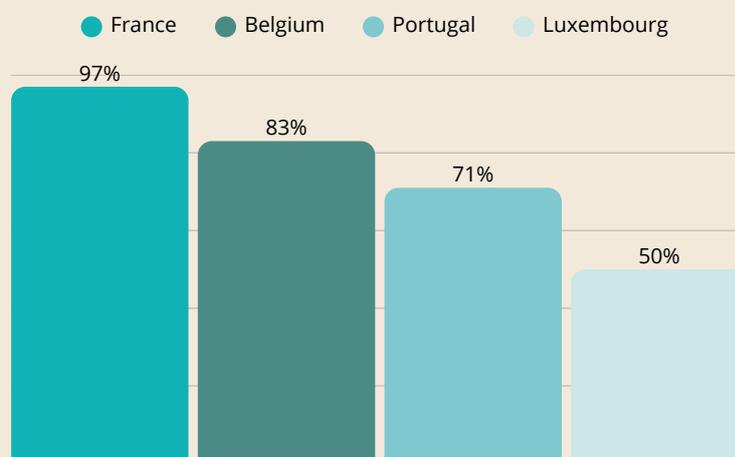
### **Luxembourg's unique context: the anonymity challenge**

In sensitive therapeutic setting, **anonymity is often a requirement for participants to feel safe** disclosing trauma and engaging in recovery programs. However, Luxembourg's tight-knit social networks and small population size **render such anonymity difficult to achieve**. This structural constraint makes implementing support and recovery projects significantly more challenging. The lack of anonymity demands heightened sensitivity and alternative approaches to ensure safe, confidential therapeutic environments, which can largely slow down the implementation of such initiatives.

## A Clear and Consensual Interest in Fencing for Women Victims of Sexual Abuses

### Belief that fencing can benefit women survivors of violence:

Stakeholders across all four countries identified specific features of fencing that make it uniquely suited for supporting women survivors of violence. These mechanisms fall into distinct categories:



- **Empowerment: Reclaiming power and agency**

As a combat sport, fencing requires both strategy and strength. Following experiences of sexual and GBV, survivors might feel as though they are stripped away from their sense of self-control and their bodily autonomy. Mastering fencing techniques provides them with tangible evidence of their capability, with strategic thinking demonstrating mental strength and physical skills enabling them to rebuild confidence in their bodies. Such achievements, especially in combat sports, can be a way to challenge stereotypes of women as passive victims.

*“Regaining autonomy... discipline and structure—when combined with empathy and flexibility—[are] key levers for the reestablishment of trust and empowerment.”*

*highlight from Portugal’s analysis*

- **Spatial control: Managing distance and boundaries**

A key aspect of fencing is to learn to control the distance with one’s opponent and to protect one’s boundaries. Sexual violence fundamentally violates personal boundaries and spatial autonomy. Thus, fencing can help survivors rebuild their agency through repeated practice of engagement that involves conscious choices about when and how to advance or retreat. This form of exercise, because it involves strategic decision-making, can help restore a sense of control that was previously lost through the violence of their aggression.

*“[Fencing is] A sport based on making strategies and choices, a key issue since violence is characterized by a lack of consent.”*

*highlight from Luxembourg’s analysis*



- **Physical safety: Combat without contact**

Physical touch can be deeply triggering for survivors of sexual violence. That is why fencing is a combat sport particularly adapted to sexual and GBV survivors. Indeed, even as a combat sport, it does not entail physical contact, as it revolves around the use of a weapon. This tool serves as both a literal and symbolic boundary maintainer, creating distance from the opponent and enabling the participants to protect themselves.

*“Unlike many combat sports, fencing involves no direct physical contact, reducing the risk of triggering traumatic memories related to physical or sexual violence. The use of a weapon (foil, épée, or sabre) allows for symbolic release of tension and anger in a safe, controlled environment.”*

*highlight from Belgium’s analysis*

- **Anonymity and neutrality: Protective equipment as equalizer**

As noted in the section on Luxembourg’s unique context, anonymity can be a central issue for survivors of sexual and GBV. The fencing equipment with the mask and the uniform can give the participants a sense of anonymity and neutrality. The mask provides literal anonymity as it hides one’s face, but also a form of psychological protection. The uniform, because of its shape, removes gender-emphasizing clothing and thus reduces the likelihood of objectification of bodies. The standardized equipment acts as an equalizer between participants and shifts the focus from appearance to skill and strategy. Finally, the protective gear can help survivors feel empowered and protected at the same time.

*“The neutrality of the fencing uniform and the sport’s strict rules of mutual respect create a structured, egalitarian space where women can focus on technique and strategy without fear of judgment or discrimination.”*

*highlight from Belgium’s analysis*



- **Controlled aggression: Safe outlet for complex emotions**

Survivors of sexual and GBV often carry anger, rage or resentment towards their aggressors but also sometimes towards themselves. Without safe outlets, they cannot exteriorize their feelings, which can significantly affect their mental health. Fencing, as a combat sport, allows legitimate expression of these emotions. Its complex rules help participants channel aggression into structures and socially acceptable form. In addition, learning to defend themselves and counterattack can help them symbolically reject the role of victims which has been thrust upon them.

*“Because it requires them “to focus on complex tasks and then release stress”, fencing also appears to be an “outlet”, a “way to vent emotions”, “let off steam”, and “express anger.”*

*highlight from France’s analysis*

- **Structure and predictability: Safety through clear rules**

As trauma might create chaos and unpredictability in the survivor’s minds and personal life, they often lack a solid structure on which they can rely. Fencing’s clear rules and conventions, as well as the oversight of referees as third parties, can help provide external structure. These rules ensure predictability as participants know what to expect, incidentally reducing anxiety and hypervigilance. Nonetheless, this structure is not strict but rather allows for discipline without rigidity, which balances safety with autonomy.

*“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.”*

*highlight from Portugal’s analysis*

### **Critical consensus**

These benefits materialize only with appropriate coaching. Trauma-informed, gradual, individualized and genuinely supportive approaches are essential prerequisites, not optional enhancements.

In addition, some Portuguese respondents highlighted that fencing, as a combat sport, might initially draw away some of the survivors. In order to overcome such issue, additional psychological support would be required.

## *An Apparent Limitation of Existing Offers and Programs of Fencing for Women living with Sexual Traumas*

The current provision of programs that use fencing as a tool to support survivors of sexual and GBV's recovery is quite diverse across the four countries. France has the most clearly dedicated existing programs, as can be expected from its further level of advancement. In Portugal, as per its national approach to the matter of HEPA, focuses primarily on actions at the grassroots level at the initiative of local clubs. In Belgium and in Luxembourg, the SAFE project appears to be the first initiative that offers opportunities through fencing for women living with sexual trauma.

When asked about existing programs in France, respondents identified a number of them:

- **Active ton Potentiel par l'Escrime** (ATPE) was the best-known program amongst respondents.
- **Stop aux Violences Sexuelles** (SVS) is another well-known initiative.
- Some other mentioned programs like **Escrime toi** based in Paris, or **Les gouttes d'eau**, which is based in Normandie.

Nevertheless, the survey also highlighted key limitations in the development of such programs. In Portugal, despite strong perceived pertinence, only 24% of clubs reported having adapted sessions or developed initiatives with this target group in mind. France, in spite of its most developed context, saw only 33% of the respondents demonstrating awareness of the existing programs. In addition, half of the French respondents reported a lack of specific measures for women victims of violence in their club/federations.

When put into perspective with the results from the preceding section, that demonstrated clear interest in mobilizing fencing to support survivors of sexual and GBV, the present results can appear rather surprising. Indeed, despite an apparent interest in all four implementation countries, offers of fencing programs for women living with sexual trauma remain rather limited, highlighted a gap between expectations and reality.

### **These shed light on two challenges:**

- **The need for more programs using fencing to support the recovery of sexual and GBV survivors**
- **The need for such existing program to better disseminate across their country of implementation, sharing good practices, being identified by potential participants and giving rise to more similar programs**

## OUTLOOK AND WAY FORWARD: SWOT ANALYSIS OF THE FOUR IMPLEMENTATION COUNTRIES

### STRENGTHS

- **Clear structures and key actors in sports:** with not only the federation, the ministry and the national Olympic committee being easily identifiable, but also FLASS as referable for all matters of sport-for-health.
- **Good gender parity in governance:** demonstrates an organizational capacity for equity and enables a gender sensitive approach.
- **Small scale advantages:** cooperation between actors and coordination of the programs put in place is much more feasible, enabling increased efficiency.
- **Existing infrastructure:** such as the Diekirch facility are great elements that can be mobilized to implement programs. Its description as a peaceful environment facilitates the framing of safe and mindful sport.

### WEAKNESSES

- **Limited development and identification of HEPA:** despite the existence of FLASS, limiting capacities to act in this field.
- **Limited baseline engagement on the issue:** with only 4 answers to the survey, which could hinder development of related projects.
- **Absence of action on fencing for sexual violence recovery so far:** showing that it is still at an early stage.
- **Minimal understanding of TVIPA:** which can limit the design and implementation of related programs.
- **Limited mobilization of clubs:** that largely restricts their capacity to put in place programs using fencing for sexual violence recovery.

## LUXEMBOURG

### OPPORTUNITIES

- **SAFE project as a starting point:** paving the way for related programs upon completion of the project. Clubs involved have demonstrated their intention to keep on putting in place similar actions, which is a promising perspective.
- **FLASS coordination capacity building:** which could be mobilized to put in place and coordinate related projects.
- **Leveraging of the gender parity in fencing:** that could be built upon to render the federations' approach more sensitive to issues of sexual and GBV.

### THREATS

- **The issue of anonymity:** as mentioned above, the small size and tight-knit nature of Luxembourg make it difficult to ensure anonymity, which can significantly hinder the implementation and outreach of projects targeted at sexual violence survivors.
- **Limited engagement on the issue as a signal:** which can appear as a threat to the development of related projects if it is a signal of a lack of interest in the topic.

## STRENGTHS

- **Strong existing infrastructures:** well-established Maison Sport Santé developed across France attest a clear commitment to HEPA in the country and allow to embody the concept.
- **High TVIPA awareness (71%):** shows sophisticated conceptual understanding of the concept, and indicates a good level of advancement on TVIPA.
- **High belief in fencing's potential (97%):** shows a clear consensus on the matter which gives way for stronger initiatives.
- **Existing projects:** testify of a clear interest in the topic and of a solid basis.
- **Good mobilization of clubs:** Half of the clubs provide support to their staff and 65% include athletes in their decision-making processes, highlighting a positive engagement of the clubs in making fencing a safe environment.

## WEAKNESSES

- **Low trauma-training for the coaches (32%):** which restricts their ability to provide TVIPA.
- **Limited external partnerships:** shedding light on an apparent gap between
- **Program fragmentation:** the existence of several programs, although it is positive, can also be a sign of fragmentation where there could be risks of miscommunication and overlap between programs.
- **Marginal use of medically prescribed sport:** despite the 2016 law installing it, the concept remains rather limited. Firstly, it is only for patients that suffer from chronic disease and loss of autonomy. Overall limitations result from time constraint, lack of awareness from the medical profession and limited training opportunities on HEPA professions, but most importantly the fact that it is not covered by social security.

# FRANCE

## OPPORTUNITIES

- **Leverage on existing infrastructure and commitment to HEPA:** which could be built upon to bridge the gap between the medical and the sport sector and mobilized to organize programs dedicated to fencing for sexual abuse survivors.
- **Deepen specialized training:** given the demonstrated interest and apparent deficiency in training, there is a window for the opportunity to offer to coaches such training.
- **Build evidence base through impact assessments:** programs could gain in credibility and in efficiency if the data that they generate resulted in research assessing their impact.
- **International cooperation:** France could export its knowledge internationally and learn to improve own practices.

## THREATS

- **Persistence of conceptual confusion:** on the topic of TVIPA which if not corrected could impair the services provided.
- **Limited awareness and missed opportunity to expand the existing programs:** survey results reveal low awareness of existing French programs, suggesting problematic fragmentation. Despite their relative success, these programs remain limited in impact. The federation's failure to build on successful initiatives and systematize them across clubs raises concerns about sustainability and long-term legacy.
- **Shift in resources:** France's current approach to HEPA relies heavily on government funds which makes it vulnerable to certain political shifts.

## STRENGTHS

- **High belief in Fencing's potential (83,3%):** with particularly strong articulation of fencing's therapeutic mechanisms.
- **Good mobilization of clubs:** 50-60% support their staff and 60% of clubs give athletes decision-making space, puts an emphasis on kindness and trust-based relationships in safe sport conceptualization.
- **Demonstrated political interest in sport-for-health:** regional sport-for-health policies are relatively strong, municipalities invest in infrastructure, clubs have inclusive practices, and health insurance reimburses physical activity.

## WEAKNESSES

- **Lack of TVIPA awareness and understanding:** which might limit the capacity for appropriate program design.
- **Minimal trauma specific training:** this can also significantly hinder the implementation of related programs.
- **Limited external partnerships:** less than 20% of clubs have partnerships with specialized organizations and 30% with physiotherapists, which risks resulting in a gap between the different sectors.
- **Absence of specialized programs:** SAFE is the first project that mobilizes fencing for the recovery of sexual violence survivors, attesting that intervention on this topic is still at an early stage.

# BELGIUM

## OPPORTUNITIES

- **Leveraging existing sport-santé momentum:** which can be harnessed to further develop projects using sports for recovery from sexual violence.
- **Take advantage of the medical prescription of sport:** could be mobilized to clearly position fencing as a tool for post-trauma recovery.
- **International cooperation opportunity:** that could provide key guidance from experience and give way to fruitful exchange of views.
- **Leveraging on the strong belief in fencing's potential (83,3%):** showing a clear opening to implement related programs.
- **Research capacities:** involvement of ULB and KU Leuven in European comparative studies could be harnessed towards TVIPA and to further develop programs.

## THREATS

- **Lack of clarity in the actors' and stakeholders' structure:** In light of Belgium's political and institutional landscape, it appears difficult to pinpoint a clear responsible actor. The fact that actions are mostly taken at the regional level risks creating gaps of advancement between the regions. In addition, this might create confusion amongst actors wishing to put in place programs, but also amongst potential beneficiaries.
- **Limited resources allocated towards the topic:** The absence of specialized programs, but also the lack of training on trauma-informed approaches and the wider lack of awareness on TVIPA might mirror an underlying lack of allocated resources, which can restrict future advancements.

## STRENGTHS

- **Highest trauma management training:** taught in 58% of portuguese clubs.
- **Strong ethics and safeguarding infrastructure:** as a central aspect of Portugal's approach.
- **Perception of the potential of fencing:** 71% of respondents seeing the potential of fencing and show in depth awareness.
- **Moderate TVIPA awareness:** relatively good understanding notably with 25% being able to spontaneously accurately describe the concept.
- **Emphasis on the grassroots and community level:** most initiatives are organized at the community-level.

## WEAKNESSES

- **Gap between the perception of the potential (71%) and the implementation of programs (17%):** if not addressed might result in stagnation and even frustration.
- **Limited external partnerships :** with specialized organizations (12%) and medical specialists (29%) showing relative isolation from clinical expertise and referral networks.
- **Low athlete decision-making participation (37%):** which appears to create a distance between beneficiaries and club governance.
- **Women's underrepresentation:** makes it more difficult to shape a gender sensitive environment.
- **Perception of HEPA:** relatively overlooked by key actors such as the fencing federation.

# PORTUGAL

## OPPORTUNITIES

- **Build on the existing interest and infrastructure:** to mobilize it through TVIPA and fencing for sexual violence recovery.
- **Intergrate this approach in national strategies:** as HEPA was a key aspect of the 2016-2025 strategy, bolster this in the National Sports Development Plan (2026-2036).
- **Leverage and empower the clubs that implement related programs:** numbers of these programs exist at the local level and could gain from being coordinated.
- **International cooperation:** through projects like SAFE which are opportunities to share good practices with other countries that are more advanced on the topic or could provide useful insight.

## THREATS

- **Fragmentation:** with inherently local and sporadic initiatives there might be a lack of coordination, affecting the wider outcome. It might also reflect that these initiatives depend on individuals in structures which threatens their durability.
- **Apparent lack of resources:** projects being at the initiative of individual clubs, seems to shed light on a lack of resources allocated to the topic at the higher levels. This could result in a threat to further development if it was to remain the case.
- **Lack of partnerships:** could appear as a bigger risk if it remains an issue as it highlights a divide between sport and health and other specialized sectors, undermining the perception of fencing as a credible solution.

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## SAFE CONSORTIUM



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