# *Comparing Sexual Assault Interventions* project:

# Romania Case Study Report

This project is supported by the European Union Directorate-General Justice DAPHNE III Programme 2007-2013: *Combating violence towards children, adolescents and women* (Just/2010/DAP3/AG/1395)

This publication has been produced with financial support from the European Union DAPHNE III Programme 2007-2013.

This programme is managed by the European Commission Directorate-General for Justice. The Daphne III programme aims to contribute to the protection of children, young people and women against all forms of violence and attain a high level of health protection, well-being and social cohesion. Its specific objective is to contribute to the prevention of, and the fight against all forms of violence occurring in the public or the private domain, including sexual exploitation and trafficking of human beings. It aims to take preventive measures and provide support and protection for victims and groups at risk.

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**Published by the Comparing Sexual Assault Interventions (COSAI) project, January 2013.**



This document is also available online at **www.cosai.eu**

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***This project is coordinated by***

National Heart Forum/ Health Action Partnership International (HAPI)

This project has received financial support from the European Union Directorate-General Justice DAPHNE III Programme 2007-2013: Combating violence towards children, adolescents and women (Just/2010/DAP3/AG/1395)

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## Purpose of this document

As part of Workstream 2 of the Comparing Sexual Assault Interventions project, each partner was responsible for conducting a case study on one sexual assault service in their country. This report includes information on the features of the services, and on staff and user perceptions of the services.

## 1 Background/Introduction

While studies show that 90% of Europeans regard sexual violence against women in the couple as a serious problem, sexual violence seems to be more tolerated and accepted in Romania. According to the 2003 National Research on Domestic Violence and the Workplace[1], 14% of women and 6% of victims stated that „a woman forced her partner to have sex" is not very serious.

Sexual offenses are set out in the Romanian Criminal Code; they are grouped as follows: rape, sexual intercourse with a minor, seduction, sexual perversion, sexual corruption, incest, and sexual harassment. These crimes have as a legal generic object the social relationships whose normal development provides the freedom and morality of the sexual life of a person.

A national study conducted in 2007 on the phenomenon of sexual harassment in Romania[2] showed that only 1 of 9 Romanians experienced or heard of a case of sexual harassment, and none of those who came to court with a complaint prevailed. This attitude of „hiding under the carpet" can be explained also with the professional position, hierarchy and its associated power, often being associated with certain rights inherent to the superior hierarchical position.

The aim of this case study is to evaluate the real situation of the available services in case of sexual assault from both professionals and client perspectives.

The case study is based on the assessment of the mechanisms that exist and do not exist in each service and within the local setting to address sexual assault. The result and analysis identifies strengths and gaps in current service provision, which will assist services to complement and improve their practice and also plan and provide appropriate services for women who have experienced sexual assault.

The case study contains the description and organization of available services for victims of sexual assault, the assessment of the current situation of these services, based on information from their representatives and from other sources, and a chapter of conclusions and recommendations for effective intervention in the event of a sexual assault.

The conclusions of this assessment are that (a) the services for sexual assault in Romania are provided vertically and not as part of a coordinated or integrated model of sexual assault service provision; (b) none of the services assessed in particular meets in full the complex standards of good practice proposed by this project, and (c) there are concrete actions which may be recommended so that these services respond better to the victims' needs.

The most important three recommendations proposed by this case study are the following:

[1] Partnership Centre for Equality, National research on domestic violence and the workplace, 2003.

[2] Partnership Centre for Equality, National study on sexual harassment in Romania, 2007

– Development of inter-institutional procedures for integrated intervention in cases of sexual assault and application of a consistent methodology;
– Development of a training system for the professionals who interact with victims of sexual assault including clear provisions on the conditions for initial and continued training;
– Development of new specialized services or specialization of existing services for improving the professional intervention to assist victims of sexual assault.

## 2 Methodology

Data for the case study was collected using the benchmarking and evaluation tool and the focus group interview guide developed by the project.

Interviews with representatives of the institutions involved in the intervention in cases of sexual assault were conducted face-to-face by project staff.

The assessment questions were addressed to different institutions and organizations that provide services which should be part of a multi-sectorial approach required to support and deal with the different needs of women who have been sexually assaulted. These institutions and organization included:

1) Forensic services which can collect evidence, if the woman wishes to pursue legal proceedings;
2) Medical services, which treat injuries, potential pregnancy and STIs;
3) Psychosocial services for mental health and well-being support; and
4) Criminal justice services which enforce the law and protect women's rights.

Individual interviews with sexual assault victims were conducted to assess user feedback about the services available locally and whether they met their needs.

Although the methodology proposed originally involved organizing and conducting a focus group discussion, we encountered problems in its organization due to the small number of sexual assaults recorded within the timeframe allocated for producing the case study (the proposed methodology recommended organizing a focus group discussion with 15 women over 18 years old, who were victims of sexual assault). Also, it was impossible to get from women who have suffered sexual assault the agreement to answer the questions from the interview guide and be part of a group. Despite the informed consent and the confidentiality clause, victims felt a barrier to disclose their identity and experiences to the other focus group participants. They also found it difficult to relive the painful and humiliating experience to which they had been subjected in a discussion with other persons. Although victims did not accept interaction with the project investigators and other focus group participants, they agreed to answer the questions in a discussion with the psychologist who offered them counselling and emotional support after sexual assault. Four women were interviewed in total.

This report includes also the key findings and recommendations of the peer learning visit conducted in Romania during 5 – 8 November 2012 by Flavia Zimmermann from the Three Cities Foundation Malta.

# 3 The Domestic Violence program in Romania: transferable learning from development and implementation

The East European Institute for Reproductive Health established in Romania with UNFPA support an integrated approach to preventing, monitoring and combating domestic violence. The purpose was to integrate the response between institutions in order to give survivors comprehensive care. The system consists of two separate components.

The first is a mechanism for institutional collaboration among institutions/organizations that deal with domestic violence. The model makes domestic violence a priority among institutions and establishes clear steps for action.

A Memorandum of Understanding that commits each institution to work on domestic violence and stipulates roles and responsibilities for addressing survivors' needs has been signed. A county Steering Committee with representatives from each institution was established and meets on a monthly basis to share information, review processes, manage cases, troubleshoot and identify needs to strengthen services, and devise better ways of working together. They collaborate on public awareness events and develop strategies for better servicing survivors and perpetrators. They also work together on individual cases to ensure that services are not duplicated, and that survivors receive the tools they need to move forward. An action plan is agreed, detailing the interface between institutions, including regular meetings, communication about specific cases, data collection and service provision.

Standardized training on domestic violence for up to three days for professionals in each institution is provided by the Institute, tailored to specific functions. Information on domestic violence and services for survivors is disseminated through a newsletter called 'Agora', media campaigns and booths at community functions.

The second component is a computerized tracking system and database with information shared by four institutions – the police, emergency medical services, a forensic department, and a women's shelter. The tracking system allows them to monitor services and share information.

The integrated approach to domestic violence was documented as a good practice by UNFPA in several publications: Programming to Address Violence Against Women. Ten Case Studies. https://www.unfpa.org/public/publications/pid/386 and Partnering With Men To End Gender-Based Violence. Practices that work from Eastern Europe and Central Asia. https://www.unfpa.org/public/publications/pid/4412.

The following success factors, lessons learned and practices that work were identified in these documents.

## *3.1 Success factors*

The approach builds upon existing efforts at the local level. A clear advantage from the start was the commitment and dedication of the involved institutions in implementing the program, who were already working at the local level.

Having a law on domestic violence gave legitimacy to the project and provided an incentive for local government involvement. Though there is room for improvement in the legislative framework on domestic violence in Romania, the fact that it exists at all was an enormous step forward.

Through a participatory management style, credit and responsibility were shared. A key success factor was the sense that every individual and partner organization had a responsibility for solving the problem of domestic violence and shared in the project's success.

High-quality training was made available for all involved institutions. The training was provided to policemen, social workers, psychologists, legal counsellors, health professionals, forensics, and other professionals. The training not only provided information about domestic violence, but gave participants the opportunity to explore their own attitudes and to develop the skills necessary to communicate with and respond to the needs of both victims and perpetrators.

### *3.2 Lessons learned*

If the problem of domestic violence is not widely recognized, the first priority should be awareness-raising. If the community and professionals are not prepared to talk about domestic violence, then initial efforts must focus on documenting and communicating the problem. The provision of training and services is important, but there will be no demand if people are in denial that domestic violence exists.

Transforming a culture of domestic violence is ultimately about changing attitudes and behaviours. Novel ways were used to build community awareness about the problem. But most important in changing attitudes and behaviours over the long term is the quality of training provided.

Efforts to combat domestic violence must address not only survivors, but perpetrators. Awareness campaigns were targeted also to men, who are overwhelmingly the perpetrators of domestic violence.

Effective programmes involve male support. One way to gain greater involvement of men in the fight against domestic violence is to solicit partners from a variety of sectors, including law enforcement, which is typically a male domain. Another is to promote positive male role models, who will speak out on the issue.

Partnerships are critical to the success of domestic violence projects, because they offer a wide safety net for support and referral. Success depended on a network of institutions that had achieved consensus about the problem and had together forged a plan to address it. Spelling out in detail, and in writing, the obligations of each partner organization can ensure follow through. Public authorities must be part of the process.

The high standards set by the lead institution tend to be adopted by partners. The seriousness is contagious and tends to create a chain reaction in others.

A sense of trust—and strict confidentiality—must be established before survivors of domestic violence are willing to access services. The shame and social stigma attached to domestic violence, especially in villages and even small cities where little is shielded from public view, reinforces the hidden nature of the problem. A system for safeguarding information about clients was built into the information system used to track cases. Similarly, the locations of shelters are kept secret, to ensure the safety and security of those housed there. In dealing with the survivors of domestic violence, the goal is to help them regain their self-esteem and some sense of control.

Ending domestic violence starts with young people. Among the long-term consequences of domestic violence is transmission of patterns of abuse from generation to generation. Unless the

problem is addressed among young people, it is unlikely to be defeated. Prevention programmes can begin as early as the first grade, and encompass not only domestic violence but violence of all kinds, including discrimination.

Counsellors and others who deal with survivors of domestic violence on a daily basis must protect their own energy and well-being and that of their staff. Working on a daily basis with victims of abuse can be emotionally and psychologically draining. Service providers must therefore give priority to safeguarding their own energy as well as that of colleagues. Moreover, staff may need to confront issues of abuse that they are struggling with personally.

### *3.3 Practice that works*

- Introducing a system to document domestic violence, which is important not only for defining and quantifying the problem, but for tracking and following up on cases.
- Taking a multi-sectoral approach.
- Working at the grass roots and at the highest levels of government.
- Integrating services for victims with prevention efforts and building a network of support.
- Building the management capacity of project staff.
- Using the media as an ally.

## 4 Sexual assault services in Romania

In the first five months of 2012, there were 960 rapes recorded in Romania[3], which means that every four hours there is a sexual aggression. In most cases the rapists were under the influence of alcohol, drugs or had a sexual complex.

In case of a sexual assault, a victim can address for different types of services to:

- Police, which investigates the case, collects data about the incident, records the statement of the victim, identifies and interrogates the perpetrator, prepares the dossier to be submitted to the Prosecutor's Office, facilitates the victim's access to emergency medical services and to forensic services, reimburses the medico-legal (forensic) examination fee.
- Forensic medicine service, which does the forensic examination and the forensic expertise report.
- Health care services. In emergencies one can call the emergency units through the integrated emergency number 112. Emergency medical services provide immediate medical care, emergency contraception, counselling of the victim on possible approaches, notify police and if the victim so decides, accompanies her to her home. Subsequently, the victim may call the family doctor or a specialist for various investigations of her health status following the sexual assault.
- Psychological support services are provided by psychiatric clinics which have in their organizational structure a psychologist, or by private psychologists' clinics. The Centre for Preventing and Combating Domestic Violence Mures is providing psychological support, legal

[3] Romanian Police General Inspectorate statistics

counselling, social support to sexual assault and/or trafficking victims from the central region of Romania.

- Social support services are provided by Child Protection Departments for child victims.
- Legal assistance. In cases of sexual assault, criminal proceedings are initiated by the Prosecutor's Offices attached to Courts, based on investigation files compiled by the Police. The victim may also seek the services of a private attorney to represent her in the lawsuit.
- Psychological and social support is provided also for aggressors under the probation period by The Probation Service attached to the Mures County Court

Although sexual assault represents a problem for Romania, there is no institution (public or private) to act as a focal point (formal or informal) at any level of representation, local or national. Therefore, there is no mechanism for monitoring and evaluating the inter-institutional and multi-sectoral approach to sexual assault, and this work is uncoordinated. There are no regular meetings in which all the institutions involved in the field take part, nor meetings for jointly organizing the provision of services or to discuss and review the assisted cases.

Reaction of the service providers in sexual assault cases is poor. This is due primarily to the lack of an integrated, efficient and uniform approach to the sexual assault situations. There are no national or local protocols defining inter-institutional mechanisms and multi-sectorial service delivery in cases of sexual assault. In case of sexual assault on victims who are minor, a cooperation protocol for intervention was reported at county level between the Police, the General Directorate for Social Assistance and Child Protection and the Forensic Medicine Institute. The General Directorate for Social Assistance and Child Protection provides counselling and psychological evaluation by a specialist to the child victim and the Forensic Medicine Institute collects specific information and data to be included in the forensic report. There is no mechanism for collaboration, referral or intervention agreed by all institutions providing services to victims of sexual assault. There is no public directory of the institutions and organizations providing services to victims of sexual assault.

There are no formal protocols for referral and for the client flow between the sectors involved in the intervention in a sexual assault case. Mechanisms for reporting the case and circulation of confidential information are partially established through agreements between those involved in the case intervention, which are most often verbal and are not part of a written, agreed and signed protocol. There are no standards agreed and adopted by all stakeholders on the safety and ethics of the sexual assault intervention.

# 5 Findings of the case study

## *5.1 Services investigated*

Police

Policing is a specialized public service, implemented in the interests of the individual, the community and in support of state institutions, solely on the basis of and serving law enforcement. In carrying out its tasks, the Police cooperate with the governmental institutions and collaborate with non-governmental organizations, as well as individuals and businesses, within the boundaries of the law.

In case of a sexual assault, based on the victim's complaint, the police officer starts the investigation, collects data on the case, collects the statement of the victim and/or witnesses, identifies the perpetrator and records his statement, requires forensic investigation and forwards the case to the Prosecutor's Office. In the form submitted by Police to the Prosecutor's Office, the police officer makes proposals to start or not the prosecution. In case of withdrawal of the complaint by the victim, the file is closed.

The interview was conducted with the criminal investigation department of the Mures County Police Inspectorate. The Inspectorate serves a total of 531,400 people according to the provisional data of the 2011 Census. There were 94 sexual offenses in 2011, including 57 rapes, 37 sexual acts with a minor, one case of sexual perversion and 5 cases of sexual corruption. The Inspectorate has 205 police officers, 838 police agents and 37 contract staff, meaning an average of one policeman to 555 people. Cases of sexual assault are dealt by 7 police staff, of which 2 are dedicated to the investigation of cases of minor victims.

Knowing how to communicate with victims is taught to some extent. Officers may not be trained to exercise empathy, however experience makes them sympathetic. Sympathy for victims is mostly given on the basis of interpersonal skills of the officers. Outreach efforts are made in communicating risk, and due process in case of becoming a victim of crime.

Forensic medicine services

Forensic service are units with legal personality under the Ministry of Health and include 6 Forensic Institutes in main university centres (Bucharest, Cluj, Iasi, Timisoara, Craiova and Tirgu-Mures) covering each several counties. In each county there is also a Forensic Service, subordinated to the County Public Health Directorates and coordinated scientifically and methodologically by the Forensic Institute under whose jurisdiction it falls.

The interview was conducted with the Tirgu-Mures Forensic Institutes. The Institute has a total of 30 employees and serves three counties (Covasna, Harghita and Mures), comprising 1,042,670 people according to the provisional data of the 2011 Census[4]. A total of approximately 5,200 services were offered in 2011. Examination for assessing virginity, defloration, or pregnancy costs 50 RON (11 Euro).

The website of the National Institute for Forensic Medicine in Bucharest contains some limited information for victims of sexual assault (rape, sexual perversion) with or without physical aggression.

Medical services

Emergency Room facilities available in Tirgu-Mures are on top in the EU. Although not all wards and facilities are yet in use, this service strives to be technically, structurally excellent. Mures District has the only emergency unit in Europe with a level of resources to include optimal equipment, space for patients, logistics, and range of formal staff specialties. Its 'Telemedicine' department serves as training centre for other ERs, allows direct contact for diagnostics and procedure. Direct contact takes place (via video, x-rays, EKGs) with other local hospitals that send clinical readings interpreted remotely by the relevant specialist. Innovative facilities range further from decontamination, to isolation for infectious emergencies, and a full, specialised children's ER.

[4] Romanian National Institute for Statistics, http://www.recensamantromania.ro/

In case of a sexual assault, a victim may address to an emergency medical service for the proper treatment of her physical injuries. In the emergency services, the victim of sexual assault is received by the triage coordinator, who notifies immediately the Social Assistance Department of the emergency medical service, which announces immediately the on call forensic specialist and police.

A team made of a nurse and a doctor collects the medical history and relevant data about the situation of the victim. An obstetrics and gynaecology specialist is requested to consult the victim, and the victim's case is presented by the social worker and the emergency room physician, thus avoiding that the victim of a sexual assault should repeat the story. The obstetrics and gynaecology specialist does not collect evidence because, according to the Romanian law, this is permitted only by forensic. The victim is then informed of on-call Police availability and of the upcoming forensic procedure to gather evidence, which social workers will monitor. If the victim agrees, the social worker accompanies the victim to the forensic medicine service to obtain a medico-legal certificate necessary in case of a legal complaint to a Court. If the sexual assault victim is a minor, Police and the Child Protection are notified automatically. When the victim is medically stable, she is accompanied home by a social worker. The social worker informs the victims that they should address to dermato-venerology clinic for epidemiological investigation for STIs, HI and hepatitis A and B, where they benefit from free-of-charge tests and treatment.

Psychological support services

Currently there are no psychological counselling and emotional support service dedicated to victims of sexual assault. These services are provided by therapists who have the right to practice, often in private clinics, and possibly by psychologist employed by psychiatric clinics or departments. In the case of child victims, psychologists within the county General Directorate for Social Assistance and Child Protection intervene in the treatment of the victim, at the request of the Police. The Centre for Preventing and Combating Domestic Violence is providing a wide range of services (free of charge) for sexual assault and trafficking victims at the request of the police department.

There is no special training of the specialists for intervention in cases of sexual assault and, with few exceptions when the therapist agrees to provide services on a voluntary basis; all services are for a fee and not very cheap.

The interview was conducted in a private psychologist clinic. The clinic provided services to 75 beneficiaries in 2011.

Criminal justice services

The interview was done with the representative of the Prosecutor's Office attached to the Mures County Court. The Prosecutor's Office has 27 permanent full-time employees. It serves the population of Mures County (531,400 people according to the provisional data of the 2011 Census). The Office assisted 7 victims of sexual assault services in 2011. All services are free.

The Prosecutor's Offices attached to the Courts have the following duties:

- Prosecute criminal cases within their legal jurisdiction and notify the competent Court;
- Follow the defence of the rights and interests of minors and persons under interdiction;
- Provide the use of forensic technical means in the prosecution activity;
- May attend Court hearings in situations prescribed by law;
- Supervise the prosecution activity performed by criminal investigators;

– Notify the court;
– Provide and follow the preparation and participation of prosecutors in the trial of criminal cases and civil cases in situations prescribed by law;
– Exercise remedies against the decisions of the Court;
– Identify cases of inconsistent application of the law and make reasoned proposals for the promotion of appeal in the interest of law.

Victims of sexual assault can receive for a fee the legal assistance of a lawyer, if they decide to ask for these services for a civil action for compensations for possible damages. Usually, the two trials, criminal and civil, are merged, and the prosecutor becomes a free of charge "victim's lawyer".

### *5.2 Findings*

All institutions which were included in the evaluation for the case study operate independently of other existing services in the area.

There are no training programs on the organization of services for victims of sexual assault, on sexual assault and ways of communication/relationship with victims of sexual assault, except for Police holding such courses for their staff at 3-4 years interval.

There are no funds (public or donor funds) for the establishment or support of services for victims of sexual assault, and no grant proposals were identified for this purpose by any of the service providers surveyed.

While all the respondents said that the victim must describe what happened only once in their institution, all specified that she must recount the experience undergone 2 to 7 times in different services (medical, police , forensic, lawyer, prosecutor, court, and social assistance services for child victims).

All services interviewed indicated that health services and the police services offered are free. The forensic examination is free for the victim according to the law, and the price is covered by the police. But because the settlements by police of the forensic services are delayed and the release of the forensic reports is made only after the settlement of the service, the victims often decide to pay themselves the forensic costs in order to be able to initiate a legal action.

Legal assistance is free or paid, depending on the case and services required. In case of criminal proceedings, legal assistance is free and offered by prosecutors, but if the victim decides to open a parallel civil lawsuit and considers that she needs a lawyer, these services are chargeable.

Unfortunately, psychological assistance, a component that should be a fundamental intervention in a sexual assault case, is free only for minor victims and provided by the General Directorates for Social Assistance and Child Protection and for few adult victims referred by the police to the Centre for Preventing and Combating Domestic Violence. The rest of adult victims may benefit from psychological counselling only in private clinics and for a fee.

> *„A problem to solve is the lack of free psychological counselling."*
>
> Representative of forensic medicine

Inter-institutional cooperation is judged to be very good or reasonably good by the majority of respondents, except for the private psychological counselling service, which was not working at all with other types of services, and the forensics service which relates only to the emergency medical services and the police. The need for psychological and legal assistance services dedicated to sexual assault cases was also identified by the respondents.

Forensic medicine services

In the forensic service, intervention is inconsistent between the county seat and the rest of the territory, where the victim of a sexual assault victim has to wait until the next day for forensic examination, and during weekends she must wait until Monday. The need to timely settle the payments for forensic expertise in order to resolve expeditiously the cases was raised as an important issue.

At the level of forensic services, the evaluation showed that there are no national protocols for forensic examination of victims of sexual assault and no "rape kits" or "sexual assault evidence collection kits". Confidentiality of personal information is ensured. If the victim addresses first the forensic service, she is recommended to address also to the police, but there is no mechanism for coordination with other sectors and professionals. Victim's consent is not required at any stage of the examination. The examination is made by a forensic medicine specialist physician without special training for sexual assault cases. During the examination, the forensic physician, the nurse and one resident usually assists. Most of the interaction with the victims comes from the nurse who registers the personal data. There are situations when the examination is made by other physicians than the forensic medicine specialist (during weekend or outside office hours and outside the city) and then forensic medicine specialist checks and confirms the data. There is no different approach to groups with special needs or translation services for persons who may require it.

Within forensic services there is no directory of institutions or organizations providing services to victims of sexual assault. Forensic medicine services have no structures specialized in providing services in cases of sexual assault and they do not organize internal reviews or satisfaction or feedback surveys from beneficiaries to be used to improve services. Forensic medicine services are available 7 days a week and 24 hours a day in the county seat and only 5 days a week and during office hours in other cities. When a victim of a sexual assault forensic requests the services, the approximate waiting time until the examination is 15-30 minutes.

Examination is not always held in privacy and at a pace the client is comfortable with, but it respects the client's wishes about interrupting or stopping the examination. There is no standardized form for the forensic report, only the one commonly used for any forensic examination. Forms are kept confidential. The information collected is shared with other institutions (e.g. Police) only if the forensic report is made on their request. Forensic services staff does not testify in Court, they only issue documents with legal value (forensic findings report for the police or forensic medico-legal certificate for the victim).

Victims' level of comfort or satisfaction with the way forensic procedures are carried out could not be evaluated since none of the victims are seen again. It is not necessary to follow victims' progress past examinations.

Criminal justice services

According to the answers given by the Prosecutor's Office attached to the Mures County Court, this institution does not have specific protocols to assist sexual assault cases, special protocols for the collection and preservation of evidence or protocols to protect, assist and support victims of sexual assault during the court process. Prosecutors are trained annually in training courses and seminars.

Medical services are offered to assist victims, if necessary, a defender is allocated ex officio and translation services can be provided when necessary. Prosecutors provide information and legal

assistance to victims of sexual assault, and act to support their rights. Court proceedings are initiated depending on the date of the first hearing, which is set electronically as part of the random allocation of cases. The duration of the trial depends on the complexity of the case.

Recording of the victim testimony is possible outside the courtroom, in privacy, including at her home when she cannot come to Court on medical grounds. Hearing of the witnesses under false identity may occur in other locations. The main positive actions identified were: prompt identification of the perpetrators of sexual assault, quick prosecution, and immediate action to include minor victims in specialized counselling programs, appointment of a public defender ex officio, especially in the case of minor victims and when their interests are not adequately supported by her legal representatives.

Psychological support services

In the services for psychological support and psychotherapy, there are no specific protocols for counselling, support and referral of victims of sexual assault. A general protocol for counselling and intervention is used instead. Services in private practice are provided without any connection with other services accessed by the victim, with no collaboration between services or a common plan for appropriate intervention (establishing the therapeutic relationship, installation of feelings of comfort, safety and security, familiarization, outlining the expectations, fears and real needs, approach, etc). Before commencing any counselling or therapeutic approach, a confidentiality agreement is signed bilaterally.

There is no specific training for counsellors to address these types of cases. Special attention is paid to victims who were virgins at the time of aggression. In situations requiring communication in another language (e.g. Hungarian, since Mures County has a large Hungarian minority population) the victim is referred to another Hungarian speaking clinic, as understanding of the accurate meaning of words and mastering of the specialist language is essential.

Clinics do not use a directory of other institutions providing specialized services to victims of sexual assault, do not work with them, do not inform them about the assisted cases, and do not refer them to other services. There is no board or other structure with expertise in providing services in cases of sexual assault.

The degree of satisfaction of beneficiaries is evaluated. Evaluation is done in an unstructured way (no beneficiaries satisfaction questionnaire exist) and is focused mainly on the quality of services provided and only indirectly on other results of other approaches (legal process, physical health, etc.). Issues followed in assessing satisfaction are: safety and comfort degree, perception on privacy, difficulty of themes/tasks received by victim, evaluation of the therapist (language, attitude, and concern), barriers, etc. Services are available only two days a week and 5 hours daily, but the therapist is in permanent telephone contact with the victims assisted. Appointments scheduling is required and the maximum waiting time is 4 days. Victims are asked if they prefer a female or male as a therapist and directed to the respective counsellor. Assessment of the case is following all the issues raised in the questionnaire (risk of self-harm, symptoms of post-traumatic stress disorder, symptom of depression, anxiety, low self-esteem, need for a refuge or safe house, need for child care or involvement of social services), but not using a standard form.

The therapy counselling program lasts for approximately 6 months, during which follow-up visits are scheduled in early intervention once a week, then less often. Victims are not contacted, participation is completely voluntary and counselling of the family, partners or friends is done only

upon request and with the consent of the victim. The most effective aspect of treatment is that it works with themes/tasks for the victim (outside the therapy counselling sessions) to help victims to learn "self-care" skills and significantly reduce response time. The biggest drawback for victims is that they can receive psychological assistance only for a fee, and the prices are quite high.

*„It was good at the psychologist and it helped me, but if my mother had no money, I could not go to the psychologist for therapy. Those who have no money cannot treat themselves right."*

Sexual assault victim

Police

Police does not use a protocol for intervention in cases of sexual assault, but there are regular training courses for police staff involved in handling cases of sexual offenses, including legislative, investigative and interviewing procedures. Courses are organized for new policemen. Police works respecting the codes of professional conduct and there are reporting mechanisms in case of violations.

Police services are available 7 days out of 7, 24 hours per day; the average waiting time of the submission of the victim to the police to start procedures is one hour. The victim is unable to choose a male or female person as investigator. There are no dedicated spaces that respect privacy when the victim's testimony is recorded, except for cases of minor victims when the recording takes place outside police, in the Department of Child Rights Protection with the participation of the institution psychologist. Police does not provide forensic services, does not have a directory of institutions providing specialized services to victims of sexual assault and does not have any intervention protocols to coordinate with other sectors and stakeholders.

Form used for data collection is common to all situations, and the policemen are the ones who collect and keep any evidence related to the incident. Victims' safety plan is made based on professional knowledge and experience of the policeman, not on a structured plan. Victims are directed to other services (forensic nursing, lawyer), but police is not required to provide information about the case other than to the Prosecutor's Office to start criminal proceedings. Policemen have identified as needs for improving services the following: a dedicated space for sexual assault cases, where confidentiality and privacy can be ensured, additional staff involved in handling cases of sexual assault and video recording facilities for victims and witnesses testimonies.

It was mentioned that in rape cases involving a minor (i.e. statutory rape), the offender may try to use the appearance or perceived age of the victim as a justification for initiating intercourse. However, forensics has - and do use materials to draw developmental comparisons for teens.

A psychologist is available to officers, but most prefer their own coping strategies and have informal support groups (colleagues, family). The mental health status of officers is monitored through a psychological test (written and oral), which takes place every 6 months. Psychologists alone have a higher level of support and supervision -when conducting clinical work- in Romania.

When asked whether victims need to assert themselves and whether they are discriminated against, officers were confident that victims were guaranteed safety, with consideration given to family relations, and with minors placed in safe accommodation. Mothers with young children are placed in specialised accommodation. Once the victims' safety is insured, it allows officers to concentrate on the aggressor and preserve the evidence.

As in other cultures the authorities may be more respectful and deferential to affluent victims, it was asked whether that affected Police officers in Romania, who replied that the financial status of victims might influence only quality of legal counsel they could afford to hire. Care is given to the more disadvantaged victims, and if finances do not allow for transport into Tirgu Mures for psychological support (as the district's services are centralised), a car is sent by the Police to allow the victim to commute. On average, a victim will be scheduled to receive psychological help for evaluation within two or three days.

The Probation Service attached to the Mures County Court

Psychological and social support is provided also for aggressors under the probation period by the Probation Service attached to the Mures County Court.

There are several mandatory rules to be respected by the offenders under the probation period (respect the meetings schedule, announce any change of residence or a travel for more than 8 days, announce job change and prove means to earn a living). Depending the crime, there are other rules to be respected (detox programme, not contact specific persons, as established by the victim, a driving ban may have to be observed with the range of travel being limited, along with a bar and restaurant ban and where alcohol is served). Notifications of 2 (minor) infringements are allowed. Underage offenders must also carry out community service.

Group treatment is also available for DV offenders and rapists, but men must respect the group and not attempt to compromise the proceedings.

A programme that runs under the name *Social Skills Development* is a life-skills and reintegration programme that is successful also with domestic violence and sexual assault perpetrators. Positive responses and role-play are encouraged. The programme has 14 modules and is based on positive life style change.

Medical services

Medical services provided to victims do not follow national guidelines or protocols for intervention, informed consent is not required to initiate medical procedures, except for invasive procedures (if any). Records are kept confidential, and referrals to other services are not made on a regular basis.

Victims are explained the possible steps they can make but, if she declines to take action, the social workers from the emergency services merely accompany them home. Emergency contraception is only provided when available (emergency contraceptives are not available on stock in the emergency medical services and there is no legal provision for that).

Social professionals do not receive special training adapted to the needs of victims of sexual assault; victims are offered the same services like the general population groups and there are no measures available for groups with special needs. Emergency services have a form for assessing patient satisfaction but apply it randomly. Emergency services are available round the clock, but victims cannot always be assisted by health providers of the same sex. Median waiting time from presentation in the emergency room is 3 hours if there is no major emergency, treatment is provided observing privacy, sensitively, and at a pace that the victim is comfortable with, and respecting the victims' wishes. Case evaluation is done using forms which are standard, but not used exclusively for sexual assault cases. Immediate medical care includes the following services: recording the personal history, treatment of physical lesions, provision of emergency contraception when available and assessment of the risk of self-harm (a pharmaceutical company provides pills, as

part of its corporate social responsibility programme. Mures emergency service is the only one who have emergency contraception, as there is no national protocol.).

Allegedly, victims from disadvantaged and lower-income backgrounds are more thoroughly investigated to exclude the possibility that they might intend to blackmail their aggressor. Few cases of SA prove positive as clues, indicators, and intuition is used to judge the sincerity of victims.

Prophylaxis and vaccination for HIV and/or hepatitis B are not provided in emergency. The victim is informed about the options to have screening for STIs, HIV and hepatitis A and B and to have a pregnancy test. No STI specialists are available at night on emergency service, when most reported cases take place. Weekend incidents are dealt with on Mondays.

Information provision

Victims do not have clear information about where to turn in case of a sexual assault, the victim's pathway is complicated and inter-institutional guidance is not clear. Limited information about what a victim of sexual assault can do and what alternative routes the victim may follow is found only on the website of the National Forensic Medicine Institute.

> *„If you have health problems go first and take care of your health, probably altered the aggression suffered. In the hospital announce what happened to you. Doctors are obliged to call the police... Do not forget to ask from the hospital medical documents to prove that you were there...*
>
> *If you have no health problems and you are afraid, go to the police first. They will advise you what to do. In addition you will accompany you to an examination of your traumatic injuries in a forensic institution. Do not forget to have money in your pocket, as any forensic examination is for fee... Maybe it would be good to have also a lawyer to advise you. "*
>
> National Forensic Medicine Institute Bucharest, http://www.legmed.ro

Other information was found on the website of a County Police Inspectorate, which describes measures for prevention of sexual assault and a summary of what has to be made in a situation like this.

> *„What do you do if you were raped:*
> – *Denounce the rape to the Police as soon as possible.*
> – *Go to the hospital and treat immediately any injury. Do not shower or bathe and do not change your clothes. You can destroy very useful information for catching the criminal.*
> – *Talk to someone you trust.*
> – *Talk to a psychologist. He/she can help you overcome fear and feelings of grief after the assault."*
>
> Gorj County Police Inspectorate, http://gj.politiaromana.ro/furt6.htm

Only the psychological services offered victims the opportunity to choose whether to be counselled by a woman or a man. Otherwise, the services were provided by the professional who was on duty, something that was perceived as an impediment to victims. Information on the procedures to be performed and about emergency contraception were missing, and victims were informed about confidentiality issues and STIs only briefly.

An informed consent was signed by the victim only in certain services, sometimes without the victim being able to read it (except private psychological services), even if this was considered one of the major issues by the victims.

*„The entire system aggresses you in addition to the aggression you went through, and anyway, does not quite do justice."*

Sexual assault victim

## 6 Assessment and recommendations

Issues that are believed to need improvement regard in the first place the human resources in the existing services, which are insufficient and not properly trained in accordance with the special needs of sexual assault cases. There is a need for training on the specificity of sexual assault, opportunities to intervene in these situations and communication training.

*„Most forensic medicine specialists are men who have no tact, interrogate the victim, and ask unnecessary questions."*

Police representative

The emergency service opinion is that forensics physicians are not needed on site and it is not necessary to take sexual assault victims to the Forensic Institute. Collecting evidence from emergency service (by trained clinical staff), sending to forensics would be better.

The psychologist revealed that the victim's interaction with police was described by the victim as cold, technical, lacking safety and comfort. At the same time, the contact with the psychologist working in the police was considered a positive point, although this interaction is not a routine one, but a random one.

*„She was questioned as if it was a robbery, not a rape."*

Psychologist

Victims' opinion was that the services available to victims do not respond to the needs of people who have experienced a sexual assault. They did not believe they could be better or more efficiently organized if they were integrated in the same location. At the same time, the fact that a person has to report what happened several times was considered unacceptable and may affect the decision to resort to all available services. The possibility to address the police and health services is considered a good thing by the victims, while interaction with professionals from other two services was considered "too hard". Victims felt that for the professionals the incident and the physical condition were more important than the psychologically status of the victims.

*„I was treated like a car accident victim."*

Sexual assault victim

From the point of view of the victims, quality of service received and interaction with professionals is unsatisfactory. In some cases they had to wait a day for forensic certificate because the physician already left the office. The waiting and questioning time at the police was unacceptably long, as the fact that there were many people in the room where the inquiry was conducted, and this created a strong sense of shame and discomfort.

*„There was no privacy and respect, there were too many people there when I needed to tell and to answer questions about something I was ashamed. If such a thing happened to me again, God forbid, I think I would only go to a good psychologist."*

Sexual assault victim

There are still many prejudices about rape in contemporary society, which do nothing but to give the impression that the entire blame for the aggression belongs to the victim:

– Women say "no", but I understand "yes";
– Rape is a sexual fantasy shared both by women and men;
– Man was "provoked" by the woman's behaviour or clothing.

For services to be more respectful, compassionate and sensitive, victims indicated that it would require the following:

– Victims to be understood;
– Victims to be assured that everything is confidential;
– The testimony to be recorded without others present;
– Victims to be respected, not treated as objects;
– Efficient victim's "route" including shortening waiting and response times;
– Availability of free psychological assistance.

Lack of psychological comfort during some services and the relatively high cost of other services may be barriers that limit victim's access to services.

The three most important qualities a service for victims of sexual assault should have are as follows:

– Forensics: be treated with respect, do not wait, be able to schedule, do not feel guilty about asking the services;
– Medical care: do not feel guilty about asking the services, be treated with respect, do not wait;
– Psycho-social support: be able to choose the psychologist, have free-of-charge counselling, psychologists to be specially trained to assist victims of sexual assault;
– Justice system, including police: do not feel guilty about asking the services, have confidentiality, be treated with respect, do not wait, respect privacy, do not repeated indefinitely your story, be able to choose if you want a police woman.

*„To be treated with respect and understanding by people who are prepared to handle these cases, not be treated as a person claiming that her car was stolen... Nobody understood how embarrassing my situation was... This accident destroyed me mentally."*

Sexual assault victim

Professionals' attitude is not perceived as empathic by the victims, discouraging their eventual return to request other services from those institutions. Situations considered to be embarrassing for the victims can deepen psychological affections installed.

*„You are required to prove what happened, and I felt at times that I have committed an illegal act by complaining!*

Sexual assault victim

To improve institutional capacities to address cases of sexual assault, the following measures are required:

- Development of new specialized services or specialization of existing services for improving the professional intervention to assist victims of sexual assault;
- Creation of integrated multi-sectorial mechanisms for the assistance of victims of sexual assault;
- Development of inter-institutional procedures for integrated intervention in cases of sexual assault and application of a consistent methodology;
- Development of a best practice guide for assisting victims of sexual assault;
- Development of a system for monitoring the respecting of the rights of the victims;
- Development of a training system for the professionals who interact with victims of sexual assault including clear provisions on the conditions for initial and continued training;
- Continued and consistent professional training of the professionals who interact and intervene in assisting victims of sexual assault (including the multi-sectorial team members); training courses should focus not only on knowledge but also on attitude, behaviour and sensitive communication with victims;
- Provision of tools for psycho-diagnosis assessment and ensuring that victims have access to psychotherapeutic approaches for trauma recovery;
- Meetings of experts in the field to exchange experiences and case analyses, ensuring the prompt conduct of legal proceedings leading to shortened the time of the trial and sentencing;
- Accessing financing or grants for development of county and local services;
- Enabling consultative structures at local communities levels;
- Development of inter-institutional and multi-sectorial groups for coordination and intervention;
- Conclusion of agreements for cooperation between service providing institutions;
- Carrying out awareness raising campaigns on the issue of sexual assault and its consequences and information on options and recommended behaviours in the case of a sexual assault.