

# Sexual Violence Interventions

Guidance document for decision makers  
and service providers



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### ***Comparing Sexual Assault Interventions (COSAI) project partners:***

East European Institute for Reproductive Health (Romania)

Educational Institute for Child Protection (Czech Republic)

Latvian Association of Gynaecologists and Obstetricians (Latvia)

Liverpool John Moores University (UK)

Victim Support (Malta)

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### **Facts**

In Romania:

1 out of 3 women was sexual aggressed during life time.

Most of rapes are committed at home in different daytimes.

Over 90% of rapes are committed against women.

2 out of 3 rapes are done by a known person (neighbour, classmate/workmate)  
and 1 out of 3 has a relative, partner or friend as author.

12% of divorced women disclosed a marital rape.

Adolescents from 16 to 19 have forth time higher risk of sexual aggression.

Women have a greater fear of rape than any other crime.

\* Sources: Partnership Centre for Equality National research on domestic violence and the workplace (2003);

Romanian Inspectorate for Police statistics; Tirgu-Mures Centre for Prevention and Combating Domestic Violence

### **Purpose**

Sexual crimes have a devastating impact on victims, their families and friends, the local community, and the whole society. Service providers have a crucial role to play in the prevention of these crimes, bringing perpetrators to justice, and providing services to victims. This guidance document provides recommendations to decision makers and service providers on principles, strategies and key interventions for an effective response to sexual violence.

### **Context**

According to the National Research on Family and Work Place Violence 14% of the women and 6% of the victims that have been interviewed have declared that “a woman who has been forced by her partner into sexual relations” is not that serious.

In Romania, crime concerning sexual life is specified in the current Penal Code and groups: rape, sexual intercourse with a minor, seduction, pervert sexuality, sexual corruption, incest, sexual harassment. These crimes have as generic juridical object the social relationships whose normal function assures a person’s freedom and morality in his sexual life.

In 2002 the Penal Code was modified and completed by aggravating those punishments that deprive of freedom perpetrators of family violence, no matter of gender. The new act of law recognizes rape as crime inside marriage by introducing this as increasing punishment if committed against a family member.

<sup>1</sup>Partnership Centre for Equality, 2003



### ***Key action to improve sexual violence intervention***

The most important action recommendations for improving the professionals' response were grouped on 6 areas:

- 1. Development and/or adaptation of standards, guidelines, protocols and procedures for intervention** which ensure the quality of intervention on all sectors, and promote and support the collaboration between different sectors, aiming the joint work to respond victim's need. It could be useful an extension of responsibilities of the existing inter-sectorial team for preventing and combating domestic violence, as well as the clarification of responsibilities of different institutions on sexual violence intervention.
- 2. Development of long-term support services** for sexual violence victims or adaptation of the existing domestic violence services for this purpose too. Considering that the emotional support for sexual violence victims (and their family) is not available and accessing private practice services is expensive, one recommendation is to cover the long-term psychological support for victims from social or health system.
- 3. Development of training programs** for professionals involved in sexual violence intervention. These programs should address each type of professionals who work on sexual violence intervention and mixed teams of professionals, facilitating experience change process. The trainings who generate long-term changes are those who combine the information with the

activities oriented on behaviour and attitude changes.

- 4. Awareness activities** on the consequences of sexual violence and promotion of the available services that could help the victims.
- 5. Monitoring and evaluation of the intervention** from both sides: institutions involved and entire process of intervention in a case.
- 6. Including sexual violence on Romanian Government' agenda** and recognising it as a social, public health and economic problem that affect entire society.

### ***Strategies to tackle sexual violence***

There are three key strands that should be included in any local or national strategy designed to tackle sexual violence: awareness raising actions, immediate victim care and long-term support.



### **Awareness raising actions**

The goal of awareness raising actions are to prevent or mitigate threats and reduce vulnerability and exposure to sexual violence, to strengthen the resilience of survivors of sexual violence, and to create a protective environment.

Awareness raising is central to addressing the problem of sexual violence, and may take a number of forms. It is crucial that we raise awareness about the nature of sexual violence and how to prevent it, about the myths and biases surrounding sexual violence that blames the victim and make excuse for the perpetrator and put in place practical measures to reduce the opportunities for sexual violence.

There are a number of practical measures which can be implemented to help communities to understand what sexual violence means, to react adequately in such a situation, and not tolerate these crimes, and all should take in consideration the following:

- There is a need of multiple strategies that increase awareness and understanding as well as enhance and build new skills;
- Strategies should be initiated early enough and at the appropriate developmental time to have an impact on the development of positive and negative behaviours;
- Actions should be tailored to the community and cultural norms, beliefs and practices; inclusion of community representatives in planning and implementation phases is a must.

### **Immediate victim care (acute care)**

There are a range of needs that may need to be addressed as soon as possible for victims of sexual violence, which vary depending on the individual circumstances of a case:

- Treatment of injuries;
- Emergency contraception, along with comprehensive counselling;
- Support during forensic examination and statement taking, identification and documentation of injuries, and forensic sampling;
- Sexual health screening and treatment and post exposure prophylaxis for HIV;
- Counselling and emotional support;
- Risk assessment in assaults, perpetrated by people known to the victim;
- Practical help such as clean clothing (where victim's clothes have been taken as evidence), essential items such as food or water; reassurance that any children are being cared for (where appropriate); and transport home after treatment.

### **Long-term support**

In the long term, the support of victims as well as of family and friends is likely to be the most important factor in overcoming the trauma of sexual violence. In any circumstances, the following services should be provided by professionals:

- Prompt and culturally appropriate counselling and emotional and social support for survivors and their families and friends as soon after the attack as possible to address enduring mental health problems or social isolation; support would be provided as long as it is necessary;
- Facilitation of access to available services and support networks;



- Support during the criminal justice process (including emotional support through any legal procedures);
- Effective criminal justice work, which is crucial in encouraging reporting, raising the conviction rate, and restoring faith in the criminal justice system not only amongst victims, but also the wider public;
- Provision of practical support and/or advocacy, e.g. with housing, childcare arrangements, time off work.
- Use early evidence kits by the police and other key institutions like emergency departments (early evidence kits enable urine samples and mouth swabs to be taken by either the victim themselves or a professional, allowing the victim to eat, drink, and go to the toilet without risking the loss of crucial forensic evidence).
- Offer 24/7 availability of a professional who is specifically trained to deal with victims in the immediate aftermath of an assault.

### ***Best practice recommendations to ensure an effective response to the needs of sexual assault victims***

- Develop a referral network and intervention protocols for sexual assaults. These will limit the risk for re-victimisation of the survivors.
- Document cases while respecting survivors' wishes and confidentiality. Sexual aggression should not be discussed if there is someone else in the room, even if it is a family member, friend or child. In the same time, professionals should not promise confidentiality as an absolute because they have a legal obligation to pass on information if concerned about the life safety of a person.
- Treat survivors with empathy, care and support. Reassurance, kindness and total confidentiality are vital elements of intervention.
- Expose professionals to enough of the intervention to affect changes in attitudes and behaviours.
- Ensure that interventions are carried on by staffs that are sensitive, socially and culturally appropriate, competent, sufficiently trained, supported, and supervised.
- Develop forensic capability to capture crucial evidence where sexual violence occurred, in a sensitive and empathic manner.
- Provide proper information (information sheets) for victims. Victims need to be able to make an informed choice about next steps on their case and should be included in decision-making processes.
- Increase availability of female professionals and ensure that all involved staff has knowledge of victims 'protection principles.
- Apply the "least intrusive, most effective" intervention.



The European Guidance on Sexual Assault Interventions summarises the key actions for the service providers to foster change and promote good practice in the provision of sexual assault interventions for women. More information, including findings and recommendations at both country and individual service provider levels are available in the COSAI website: [www.cosai.eu](http://www.cosai.eu).

### COSAI resources on Sexual Assault Interventions

**Literature review** on models of intervention for sexual assault and existing evidence of service effectiveness.

**Benchmarking & Evaluation Tool** with standards of good practice to assess the effectiveness, appropriateness and humanity of interventions for victims of sexual assault.

**Policy briefing** summarising the evidence and presenting a series of recommendations that build on identified good practice and address common challenges in European countries.

**Training Programme** aimed at promoting best and appropriate practice for a multisectorial audience of practitioners and service providers.

**Country Case Studies and Recommendations** for service providers to better meet the needs of victims in the COSAI partner countries: Czech Republic, Latvia, Malta, Romania and United Kingdom.

**Mapping survey** with current policy and programming of services for sexual assault in European countries.

**Report of interviews** with service providers in 7 European countries on sexual assault service availability, effectiveness and appropriateness.



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