ICSoR 4TH INTERNATIONAL CONFERENCE ON THE SURVIVORS OF RAPE

AMCV Associação de Mulheres Contra a Violência

E-BOOK

Rape, Survivors, Policies and Support Systems, a European Challenge

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PLENARY SESSION

Opening Ceremony

PORTUGUESE MINISTER OF JUSTICE[1]

Antes de mais cumpre-me agradecer o honroso convite da Associação de Mulheres contra a Violência para participar na Cerimónia de Abertura desta 4ª Conferência Internacional sobre Sobreviventes de Violação.

A circunstância de se tratar de um evento com o patrocínio do Parlamento Europeu reflecte bem a importância que no contexto europeu se confere a este tema, o que resulta também reforçado pelo quadro alargado e de muito elevado prestígio e qualidade técnica dos Ilustres Oradores.

1. A violação constitui um dos crimes mais hediondos que podemos conceber, uma intromissão não consentida e violenta na esfera mais privada de todas, a da intimidade sexual.
A adequada punição desta forma de violência representa um imperativo de justiça em todas as sociedades democráticas, de direito e filiadas na dignidade da pessoa humana, como sucede em Portugal.

Longo tem sido o caminho até ao presente estádio evolutivo, mas é interessante e motivador perceber que existe uma linha de continuidade no sentido da protecção das mulheres e das crianças, no que tange às ofensas que atingem de modo mais intenso a sua privacidade.

Na verdade, o vetusto Código Penal de 1886, que vigorou durante aproximadamente 100 anos, até 1982, já previa e punia o atentado ao pudor, o estupro voluntário, a violação e o lenocínio, ainda que o fizesse em capítulo dedicado aos crimes contra a honestidade, mas não obstante integrado em título dedicado aos crimes contra as pessoas.

No artigo 391º desse Código Penal estabelecia-se uma distinção, relevante para fins de punição, entre as vítimas menores de 12 anos e as demais vítimas, mais se estabelecendo que não era necessária denúncia para iniciar o procedimento criminal se o ofendido fosse menor de 12 anos.

Com a aprovação do novo Código Penal, em 1982, os crimes sexuais foram retirados do título dedicado aos crimes contra as pessoas, ingressando em título relativo aos crimes contra valores e interesses da vida em sociedade e no capítulo respeitante aos crimes contra os fundamentos ético-sociais da vida social.

Constata-se depois nos artigos 201.º a 218.º desse Código Penal de 1982 um tratamento mais desenvolvido e detalhado desta matéria, mantendo-se a distinção dos ofendidos, nomeadamente para efeitos de punição, em função da idade: as vítimas menores de 12 anos, menores de 14 anos, menores de 16 anos e menores de 18 anos, e aquelas com idade compreendida entre os 14 e os 16 anos.

Neste contexto permanece a dispensa de queixa quando a vítima é menor de 12 anos, e passa a prever-se a possibilidade de suspensão do exercício do poder paternal como consequência da condenação pela prática dos crimes de lenocínio e tráfico de pessoas para fins de exploração sexual.

A alteração legislativa de 1995 é aquela que mais radicalmente transforma o Código Penal em sede de crimes sexuais, reconduzindo-os ao título concernente aos direitos das pessoas, num capítulo epigrafado “crimes contra a liberdade e a autodeterminação sexual”.

Estamos aqui perante uma verdadeira mudança de paradigma, desde logo ao nível do bem jurídico tutelado, sendo clara e peremptória a ressonância ética dos crimes sexuais como atentatórios de direitos de personalidade, e já não de sentimentos gerais de moralidade.

[1] Represented by Ana Correia, Chief of Cabinet

O que está em causa é, pois, proteger o direito de cada um dos cidadãos à sua livre e plena realização como pessoas no plano sexual.

Estabelece-se, neste enquadramento, uma dicotomia entre os crimes contra a liberdade sexual, onde avulta o crime de violação, e os crimes contra a autodeterminação sexual, cujo tipo estruturante é o crime de abuso sexual de menores.

Mas não se trata de uma separação estanque, antes podemos afirmar, com Figueiredo Dias, que em ambos os casos estamos perante comportamentos que ofendem a liberdade e a autodeterminação sexual.

A especialidade dos denominados crimes contra a autodeterminação sexual reside então na menoridade dos ofendidos, o que faz assomar um outro bem jurídico no plano da tutela conferida pelas normas - o livre desenvolvimento sexual da criança ou jovem.

Assim, ainda que a prática do acto sexual por uma criança, com uma criança ou numa criança, seja alcançada sem violência nem ameaça, o legislador presume que o envolvimento da criança no acto sexual é necessariamente prejudicial ao seu bem-estar e desenvolvimento pleno e harmonioso, sendo absolutamente contrário ao seu superior interesse.

Na verdade, a inexperiência e imaturidade das crianças, associada a factores de dependência emocional ou económica, geram uma relação desigual na qual a parte frágil são as crianças, que por isso são instrumentalizadas e objecto de aproveitamento pelos abusadores.

2. Navegando no sítio da Associação de Mulheres contra a Violência, no separador dirigido às crianças e no qual se enunciam precisamente os seus direitos, verificamos que está aí inscrito “TEMOS O DIREITO A SER PROTEGIDOS PARA CRESCERMOS BEM”.

Senhora Presidente da Associação de Mulheres contra a Violência, deixo aqui o meu testemunho de reconhecimento pelo importante papel desempenhado pela organização a que preside, é fundamental proclamar os direitos das crianças e fazê-lo de modo a que as próprias crianças deles tomem conhecimento e os consigam apreender cabalmente.

O direito das crianças à protecção está efectivamente consagrado na Convenção dos Direitos da Criança, adoptada pelas Nações Unidas em 1989, em cujo artigo 19.º se impõe aos Estados Partes que tomem “todas as medidas legislativas, administrativas, sociais e educativas adequadas à protecção da criança contra todas as formas de violência física ou mental, dano ou sevícia, abandono ou tratamento negligente; maus tratos ou exploração, incluindo a violência sexual”.

E no artigo 34.º da Convenção dos Direitos das Crianças concretizase esta obrigação dos Estados Partes, dizendo-se que “Os Estados Partes comprometem-se a proteger a criança contra todas as formas de exploração e de violência sexuais. Para esse efeito, os Estados Partes devem, nomeadamente, tomar todas as medidas adequadas, nos planos nacional, bilateral e multilateral para impedir:

a) Que a criança seja incitada ou coagida a dedicar-se a uma actividade sexual ilícita;
b) Que a criança seja explorada para fins de prostituição ou de outras práticas sexuais ilícitas;
c) Que a criança seja explorada na produção de espectáculos ou de material de natureza pornográfica.”

É nesta linha de preocupações e prioridades que internacionalmente se têm vindo a adoptar instrumentos

destinados a concretizar e conferir eficácia aos direitos das crianças, nomeadamente no seio da União Europeia e do Conselho da Europa.

Dizemos preocupações porque apesar de todas as proclamações dos direitos das crianças, e em particular do seu direito a ser defendida de todas as formas de exploração e violência sexuais, a realidade continua a ser dramática.

Em estudo publicado em setembro do corrente ano de 2014, portanto há apenas cerca de dois meses, intitulado "Escondido à vista: Uma Análise Estatística da Violência contra as Crianças", e que coligiu dados relativos a 190 países, a UNICEF concluiu que:

- cerca de 120 milhões de raparigas com menos de 20 anos foram obrigadas à prática de actos sexuais contra a sua vontade;
- 1 em cada 3 raparigas adolescentes, entre os 15 e os 19 anos de idade, num total de 84 milhões de jovens, foram vítimas de violência emocional, física ou sexual cometida pelos seus maridos ou parceiros.

Os dados recolhidos mostram ainda que na maior parte dos países a primeira experiência de violência sexual sofrida por uma rapariga ocorreu entre os 10 e os 14 anos de idade.

Adicionalmente existem dados no sentido de que a maior parte das raparigas adolescentes vítimas de crimes sexuais são também vítimas de violência física.

E mesmo nos países economicamente mais desenvolvidos as cifras são perturbadoras, existindo indicadores no sentido de que nos Estados Unidos, com referência ao ano de 2011, 35% das raparigas e 20% dos rapazes, com idades compreendidas entre os 15 e os 17 anos, tinham tido pelo menos uma experiência de violência sexual.

Na Suíça a realidade é semelhante, pois com referência ao ano de 2009 a percentagem de raparigas vítimas entre os 15 e os 17 anos foi de 22%, e a percentagem de rapazes vítimas foi de 8%.

A Agência da União Europeia para os Direitos Fundamentais, em Relatório relativo aos desenvolvimentos jurídicos e políticos de 2013, refere que no âmbito de um inquérito promovido junto dos Estados-Membros se concluiu que 27% das mulheres inquiridas sofreram uma qualquer forma de abuso físico cometido por um adulto durante a sua infância, e 12% sofreram uma qualquer forma de abuso sexual cometido por um adulto, em idade inferior aos 15 anos. Isto representa um número de 21 milhões de mulheres na União Europeia.

Em Portugal, o Relatório Anual de Segurança Interna referente a 2013 reporta o aumento do número de casos de abusos sexuais de crianças de 1.074 para 1.227 entre 2012 e 2013, bem como o aumento do número de casos de abusos sexuais de adolescentes de 127 para 161.

Igual tendência se verificou, aliás, quanto aos crimes de coação sexual, que subiram de 56 para 93, e quanto aos crimes de violação, que passaram de 459 para 473.

Saliente-se que quando falamos de vítimas de crimes de abusos sexuais de menores estamos a reportar-nos a crianças até aos 3 anos de idade (63 incidências), crianças com idade compreendida entre os 4 e os 7 anos de idade (223 incidências) e crianças com idade compreendida entre os 8 e os 13 anos (566 incidências).

Inclusivamente no que respeita aos crimes de violação, o número de vítimas menores de idade é substancialmente elevado, quando comparado com o número de vítimas maiores de idade: 112 vítimas do crime de violação foram menores entre os 8 e os 17 anos de idade, e 313 das vítimas foram maiores de idade.

E afirmamos que estas matérias constituem uma prioridade porque os efeitos da violência sexual sobre as crianças são absolutamente devastadores, como se relata ainda no estudo da UNICEF acima citado.

Com efeito, para além dos riscos de contraírem doenças sexualmente transmissíveis ou de uma gravidez, importa ainda considerar perturbações de diversa ordem, como perturbações alimentares (bulimia, anorexia), perturbações mentais (depressão, transtorno de pânico), e risco de suicídio.

No plano da vida social também se fazem sentir os efeitos da violência sexual, sendo frequente que as vítimas experimentem sentimentos de medo e uma percepção mais intensa de ameaça ou hostilidade por parte das outras pessoas, e que adoptem comportamentos desviantes, nomeadamente fugir de casa, faltar às aulas, desenvolver uma conduta sexual de risco ou consumir drogas ou álcool em excesso. A probabilidade destas vítimas virem a ser presas pela prática de infracções é também maior.

O Governo português partilha o desígnio de protecção das crianças contra todas as formas de violência, e através do Ministério da Justiça pretende reforçar o quadro legal já existente nesta matéria, âmbito no qual apresentou um Projecto de Proposta de Lei que transpõe para a ordem jurídica interna a Diretiva n.º 2011/93/UE, do Parlamento Europeu e do Conselho, de 13 de dezembro de 2011, relativa à luta contra o abuso sexual e a xploração sexual de crianças e a pornografia infantil, e que substitui a Decisão-Quadro 2004/68/JAI do Conselho, bem como dá cumprimento às obrigações assumidas por Portugal com a ratificação da Convenção do Conselho da Europa para a Proteção das Crianças contra a Exploração Sexual e os Abusos Sexuais, assinada em Lanzarote, em 25 de outubro de 2007.

O Projecto de Proposta de Lei tem os seguintes objectivos principais:

a) alterar o Código Penal, na parte relativa aos crimes sexuais, com as seguintes notas dominantes:
    i. elevação das penas de prisão e eliminação das penas de multa cominadas em alternativa às penas de prisão;
    ii. criminalização das novas formas de abuso e de exploração sexual facilitadas pela utilização das tecnologias da informação, como por exemplo o aliciamento de menor através da internet, os espetáculos pornográficos em tempo real na internet, ou o acesso, com conhecimento de causa e intencionalidade, à pornografia infantil alojada em determinados sítios internet;
b) alterar o Decreto-Lei nº 113/2009, de 17 de setembro, que estabelece medidas de protecção de menores, em cumprimento do artigo 5.º da Convenção do Conselho da Europa contra a Exploração Sexual e o Abuso Sexual de Crianças;
c) criar um novo regime jurídico, designado “sistema de registo de identificação criminal de condenados por crimes contra a autodeterminação sexual e a liberdade sexual de menor”.

Trata-se de uma base de dados da qual constam dados relativos aos condenados pela prática de crimes sexuais, entre os quais se inclui a sua identificação e residência, devendo ser permanentemente objecto de actualização.

Esta base de dados é directamente acessível às autoridades policiais e judiciárias, bem como aos serviços de reinserção social, no âmbito e para a realização da sua missão.

Mas estabelece-se de igual modo o acesso por parte de quem exerce responsabilidades parentais sobre menores até aos 16 anos de idade.

Não obstante, este último acesso, pelo melindre que naturalmente envolve, é rodeado de especiais cautelas:

- é um acesso indirecto, na medida em que os pais devem requerer a prestação da informação sobre a identidade e residência de condenados pela prática de crimes sexuais na área da sua residência à autoridade competente, ou seja, não podem eles próprios consultar a base de dados;
- é um acesso cujas condições devem ser comprovadas documentalmente, porquanto os pais devem demonstrar que têm menores de 16 anos a seu cargo, bem como devem demonstrar a sua residência, em ordem a obterem as informações aludidas;
- é um acesso sujeito ao dever de sigilo.

A solução que agora se adopta é partilhada, sob múltiplas e diversas modalidades, por outros Estados, havendo notícias de regimes análogos nos Estados Unidos, Austrália, Áustria, Canadá, França, Japão, Irlanda, Kenya, Coreia do Sul, Reino Unido.
A norte-americana Lei de Megan tem suscitado vasto interesse, mas também merecem referência particular o sistema VISOR existente no Reino Unido, assim como o FIJAISV que vigora em França.

3. A Women's World Summit Foundation instituiu, no ano de 2000, o dia 19 de novembro como o Dia Mundial para a Prevenção do Abuso e da Violência contra as Crianças, atendendo à aprovação da Convenção dos Direitos das Crianças a 20 de novembro de 1989.

Considerou então aquela organização que o problema da violência contra as crianças, mormente a violência sexual, é verdadeiramente alarmante, impondo-se que o tema entre na agenda das Nações de forma séria.

Senhoras e Senhores, uma sociedade que queira construir o futuro em bases sólidas deve antes de mais cuidar das suas crianças e jovens, assegurar que estejam reunidas todas as condições para que tenham um desenvolvimento harmonioso, e venham a ser adultos saudáveis, emocionalmente estáveis, socialmente integrados, pessoas felizes e cidadãos de pleno direito e dignidade.

É esse o objectivo para que trabalhamos diariamente no Ministério da Justiça, com todo o empenho e convicção.

É também um objectivo para cuja consecução precisamos de todos, o envolvimento das autoridades e das forças sociais é absolutamente imprescindível, sendo por isso da maior importância o debate que nesta Conferência está a ser feito.

Contamos com todos, em conjunto e de forma concertada seremos capazes de combater eficazmente a violência sexual, em particular a violência sexual contra as crianças.

Muito obrigado.

PORTUGUESE SECRETARY OF STATE OF PARLIAMENTARY AFFAIRS AND EQUALITY[2]

Incumbe-me Sua Excelência a Secretária de Estado dos Assuntos Parla-mentares e da Igualdade de a representar na abertura da IV CONFERÊNCIA INTERNACIONAL DE SOBREVIVENTE DE VIOLAÇÃO, promovida pela AMCV.

Esta iniciativa, que, e não certamente por acaso se encontra associada às III JORNADAS NACIONAIS CONTRA A VIOLÊNCIA DOMÉSTICA E DE GÉNERO, em decurso até 5 de Dezembro, tem, de acordo com o seu programa, os seguintes objetivos[3]:

- aprofundar o conhecimento sobre o impacto da violação nas sobreviventes;
- introduzir a dimensão das políticas europeias na área da violência sexual e especificamente do crime de violação;
- desafiar as instituições da União Europeia e os decisores políticos europeus a comprometerem-se a implementar medidas políticas que previnam e combatam efetivamente a violência sexual;
- promover uma abordagem de defesa dos Direitos Humanos;
- a partilha de conhecimentos especializados no sentido de promover uma abordagem europeia comum para prevenção e combate à violência sexual.

Decorre esta IV CONFERÊNCIA INTERNACIONAL DE SOBREVIVENTE DE VIOLAÇÃO num momento em que se encontrarão para breve as alterações do Código Penal, decorrentes da entrada em vigor, já em 1 de Agosto de 2014, com a ratificação por 13 Estados, da Convenção do Conselho da Europa para a Prevenção e o Combate à Violência Contra as Mulheres e a Violência Doméstica (Convenção de Istambul), que Portugal foi o primeiro Estado-membro da UE a ratificar (em 5 de fevereiro de 2013),
o que não deve surpreender face ao conjunto de compromissos em matéria de igualdade entre mulheres e homens e de não-discriminação, assumidos como princípios que a nossa ordem constitucional, naturalmente, identifica como estruturantes do Estado de direito democrático e social.

Ora, a Convenção de Istambul funda-se no reconhecimento de que a violência contra as mulheres é uma manifestação das relações de poder historicamente desiguais entre mulheres e homens que conduziram à dominação e discriminação contra as mulheres pelos homens e que as impediu de progredirem plenamente e que a natureza estrutural da violência exercida contra as mulheres é baseada no género, sendo um dos mecanismos cruciais pelo qual as mulheres são forçadas a assumir uma posição de subordinação em relação aos homens, e constitui um tratado-normativo e multilateral que tem por finalidade:

d) Proteger as mulheres contra todas as formas de violência, bem como prevenir, instaurar o procedimento penal relativamente à violência contra as mulheres e à violência doméstica e eliminar estes dois tipos de violência;
e) Contribuir para a eliminação de todas as formas de discriminação contra as mulheres e promover a igualdade real entre mulheres e homens, incluindo o empoderamento das mulheres;
f) Conceber um quadro global, bem como políticas e medidas de proteção e assistência para todas as vítimas de violência contra as mulheres e de violência doméstica;
g) Promover a cooperação internacional, tendo em vista a eliminação da violência contra as mulheres e da violência doméstica;
h) Apoiar e assistir as organizações e os serviços responsáveis pela aplicação da lei para que cooperem de maneira eficaz, tendo em vista a adoção de uma abordagem integrada para a eliminação da violência contra as mulheres e da violência doméstica.

[2] Represented by Fátima Duarte, President of the Commission of Citizenship and Gender Equality

[3] Objectivos (*Sic*).

Desde há muito, que a violência de género, onde se inclui, entre outras, a violência doméstica, é considerada como um obstáculo à concretização dos objetivos de igualdade, desenvolvimento e paz e que viola, dificulta ou anula o gozo dos direitos humanos e liberdades fundamentais das mulheres [e como tal foi definida na Declaração e Plataforma de Ação de Pequim, da Organização das Nações Unidas (ONU), em 1995], bem como um grave problema de saúde pública (Organização Mundial da Saúde, em 2003).
A Convenção de Istambul surge, pois, na sequência de sucessivos instrumentos internacionais, que visam condenar todas as formas de violência contra as mulheres e a violência doméstica, reconhecendo, como já foi dito, que a realização de jure e facto da igualdade entre as mulheres e os homens é um elemento central na prevenção da violência contra as mulheres.

Embora a Convenção admita as violações constantes dos direitos humanos que afetam a população civil, destaca a especial vulnerabilidade das mulheres, que são o maior alvo de violações e violência sexual generalizadas ou sistemáticas, em cenário de conflitos armados, e realça que as mulheres estão expostas a um maior risco de violência baseada no género ou formas graves de violência, tais como a violência doméstica, o assédio sexual, a violação, o casamento forçado, os chamados "crimes de honra" e a mutilação genital, do que os homens.

Assume-se como um compromisso e uma aspiração a criar uma Europa livre de violência contra as mulheres e violência doméstica, que pode ser alcançado através do fortalecimento dos Direitos fundamentais, igualdade e não-discriminação, que estão inscritos na génese da construção europeia.

É neste quadro de referências[4] que se aguarda a alteração e ou a novação de previsões incriminatórias, a que já se fez referência, algumas das quais, de acordo com as várias iniciativas legislativas de alteração do Código Penal que estiveram em apreciação na 1ª Comissão de Assuntos Constitucionais, Direitos, Liberdades e Garantias[5], se cruzam com esta CONFERÊNCIA, incidindo sobre a previsão legal dos crimes de violação e coação sexual, confrontados com o artigo 36º (Violência sexual, incluindo violação) da Convenção de Istambul[6].

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[4] O Artº 3º da Convenção define "violência contra as mulheres" como uma violação dos direitos humanos e como uma forma de discriminação contra as mulheres e significa todos os actos de violência baseada no género que resultem, ou sejam passíveis de resultar, em danos ou sofrimento de natureza física, sexual, psicológica ou económica para as mulheres, incluindo a ameaça do cometimento de tais actos, a coerção ou a privação arbitrária da liberdade, quer na vida pública quer na vida privada e "violência doméstica" referindo-se a todos os actos de violência física, sexual, psicológica ou económica que ocorrem no seio da família ou do lar ou entre os actuais ou ex-cônjuges ou parceiros, quer o infractor partilhe ou tenha partilhado, ou não, o mesmo domicílio que a vítima. Em ambas as definições, é clara a inclusão da violência sexual (onde se inclui a violação, mas não só) como uma expressão extrema da assimetria relacional que subjaz ao espírito da Convenção.

[5] 504/XII/3.ª (BE) – altera o Código Penal, autonomizando o crime de MGF;
515/XII/3.ª (CDS/PP) – procede à 31.ª alteração ao Código Penal, aprovado pelo Decreto-Lei n.º 400/82, de 23 de setembro, criando o crime de MGF;
517/XII/3.ª (PSD) – autonomiza a criminalização da MGF – 31.ª alteração ao Código Penal;
522/XII/3.ª (BE) – altera a previsão legal dos crimes de violação e coação sexual no Código Penal,

[6] Audição da CIG no Grupo de Trabalho – Implicações legislativas da Convenção do Conselho da Europa para a Prevenção e o Combate à Violência Contra as Mulheres e a Violência doméstica (Convenção de Istambul)
Artigo 36º (Violência sexual, incluindo violação) da Convenção de Istambul
"… 1. As Partes deverão adotar as medidas legislativas ou outras que se revelem necessárias para assegurar a criminalização da conduta de quem intencionalmente:
Praticar a penetração vaginal, anal ou oral, de natureza sexual, de quaisquer partes do corpo ou objetos no corpo de outra pessoa, sem consentimento desta última;
Praticar outros atos de natureza sexual não consentidos com uma pessoa;
Levar outra pessoa a praticar atos de natureza sexual não consentidos com terceiro.
2. O consentimento tem de ser prestado voluntariamente, como manifestação da vontade livre da pessoa, avaliado no contexto das circunstâncias envolventes.

Um outro instrumento, este de políticas públicas de combate à violência doméstica e de género, precedeu o Código Penal no acolhimento dos ditames da Convenção de Istambul, e esse foi o V Plano Nacional de Prevenção e Combate à Violência Doméstica e de Género 2014 -2017 (V PNPCVDG), que inclui o III Programa de Ação para a Prevenção e Eliminação da Mutilação Genital Feminina 2014 – 2017(III PAPEMGF) [7] [8], desde logo na sua denominação, significativa do alargamento do seu âmbito.

O V PNPCDG fundou-se nos pressupostos da Convenção de Istambul e assume-se como uma mudança de paradigma nas políticas públicas nacionais de combate a todas estas formas de violações dos direitos humanos fundamentais, como o são as várias formas de violência de género, incluindo a violência doméstica.

O V PNPCVDG estrutura-se em cinco áreas estratégicas

1) Prevenir, Sensibilizar e Educar;
2) Proteger as Vítimas e Promover a sua Integração;
3) Intervir junto de Agressores/as;
4) Formar e Qualificar Profissionais;
5) Investigar e Monitorizar,

num total de 55 medidas, algumas das quais vêm no alinhamento de outras normas da Convenção de Istambul[9], cruzando igualmente com esta IV CONFERÊNCIA:

> **Medida 33 -** Desenvolver respostas dirigidas a vítimas de agressões sexuais, no âmbito da Ação de Saúde sobre Género, Violência e Ciclo de Vida;
>
> **Medida 39 -** Desenvolver e aplicar programas dirigidos à prevenção da violência sexual,

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3. As partes deverão adotar as medidas legislativas ou outras que se revelem necessárias para assegurar que as disposições do n.º1 também se apliquem a atos praticados contra os cônjuges ou companheiros ou contra ex-cônjuges ou ex-companheiros, em conformidade com o Direito interno …".

Ordenamento Jurídico Português: As condutas descritas integram, no nosso entendimento, os tipos de crime previstos e punidos nos artigos 163.º e 164.º do Código Penal, com as epígrafes, respetivamente, de "Coação sexual" e "Violação". Existe, porém, um elemento novo no artigo 36.º da Convenção de Istambul que não se encontra previsto nos referidos artigos do Código Penal e que se reporta ao consentimento da vítima.

Neste sentido, afiguram-se ser de acolher, nas suas linhas gerais, as alterações propostas pelo Projeto de lei n.º 522/XII/3.ª (BE) quanto à previsão do consentimento da vítima para a prática dos atos previstos nos artigos 163.º e 164.º do Código Penal, independentemente da forma como essa questão se possa exprimir em termos de técnica legislativa.

De referir, ainda, no que se reporta a este projeto de diploma, que muito embora se compreendam as razões que levam à proposta de alteração do regime de queixa do crime de violação, e que passaria a ser um crime público, e que se acompanham enquanto expressão de tornar efetiva a punição dos autores, não deverão deixar de se ponderar as consequências que um tal regime possa ter, em termos de vitimação secundária, para quem já sofreu o dano, pela constante exposição aos factos ou por ter de reviver tais comportamentos durante o procedimento criminal, devendo, por isso, serem assegurados os meios necessários a evitar tal vitimação secundária, antes de se retirar à vítima a decisão de instaurar o procedimento criminal.

[7] Aprovado pela Resolução do Conselho de Ministros n.º 102/2013, de 31 de Dezembro.

[8] A par do V Plano Nacional para a Igualdade de Género, Cidadania e Não - Discriminação 2014-2017 (V PNI), aprovado pela Resolução do Conselho de Ministros n.º 103/2013, de 31 de Dezembro, e do III Plano Nacional de Prevenção e Combate ao Tráfico de Seres Humanos 2014 -2017 (III PNPCTSH), aprovado pela Resolução do Conselho de Ministros n.º 101/2013, de 31 de Dezembro.

[9] Especificamente, no que à violência sexual diz respeito:
O Artigo 16º insta os Estados a tomarem as medidas legislativas ou outras necessárias para estabelecer ou apoiar programas de tratamento destinados a prevenir a recidiva dos autores de infrações, em particular dos autores de infrações de carácter sexual;
O Artigo 17º sublinha que os Estados devem desenvolver e promover, em cooperação com atores do sector privado, as competências das crianças, pais e educadores para fazer face a um ambiente de informação e comunicação que dê acesso a conteúdos degradantes de carácter sexual ou violento que podem ser prejudiciais;
No Artigo 25º – relativo ao apoio para as vítimas de violência sexual – obriga os Estados a tomar as medidas legislativas ou outras necessárias para permitir o estabelecimento de centros de ajuda de emergência apropriados para vítimas de violação ou violência sexual, de acesso fácil e em número suficiente, a fim de lhes oferecer um exame médico e médico-legal, apoio em caso de trauma e aconselhamento;

correspondendo esta inclusão dos crimes sexuais no V PNPCVG a um dos seus eixos, quer no domínio de proteção das vítimas, quer no de intervenção junto de agressores, sendo a violência sexual uma estratégia abusiva.

Em complemento à medida 33, será publicamente apresentado no próximo dia 2 de dezembro, também por ocasião das III Jornadas Nacionais Contra a Violência Doméstica, o Manual "Violência Interpessoal: Abordagem, Diagnóstico e Intervenção nos Serviços de Saúde-Ação de Saúde sobre Género, Violência e Ciclo de Vida", que vem enformar, de modo sistematizado, a resposta dos serviços e profissionais de saúde nas múltiplas formas que a violência assume, incluindo a violência sexual[10], e que, concretamente sob a forma de violação, registou um total de 473 ocorrências, em 2013, das quais 313 se referiram a vítimas do sexo feminino e nas quais não são contabilizados as violações de menores, cujo número ascendeu a 116 (não desagregados por sexo, mas, presumivelmente, na sua maioria, raparigas), segundo os dados do Relatório Anual de Segurança Interna 2013 (RASI) [11].

Em 164 casos, o agressor fazia parte das relações de conhecimento e, em 108, a violação tinha sido levada a cabo por familiares.
Quando lidos em contraponto às ocorrências de violência doméstica, 27 318 (o que corresponde a um aumento de 2,4% relativamente ao ano de 2012), em que 81% das vítimas eram mulheres e 86% dos denunciados eram homens, e em que, nesse contexto, se tinham assinalado 40 homicídios conjugais/passionais, os quais tiveram como resultado 30 vítimas do sexo feminino e 10 do sexo masculino[12], a escala que nos é devolvida não deve fazer esquecer que esses dados apenas contemplam a criminalidade participada, sendo certo que, neste tipo de crimes, ainda prevalece o silêncio e a invisibilidade, motivados pela vergonha, culpabilização e pela carga social negativa a eles associada (o que já não acontece no caso da violência doméstica, apesar de tudo), acrescendo uma cultura de impunidade e de desculpabilização dos comportamentos sexualmente agressivos contra as mulheres, vistas como objetos (do desejo sexual masculino e livremente disponíveis, subentenda-se).

A este propósito, vem à baila um estudo da Universidade de Surrey, no Reino Unido, que identificou um conjunto de frases/crenças, presentes quer nos discursos dos violadores, quer nas revistas masculinas. A um grupo de homens, com idades entre os 18 e os 46 anos, foram mostradas frases extraídas, quer de discursos de outros homens acusados/condenados por violação, quer de revistas masculinas. O estudo conclui que as revistas masculinas adotam o mesmo tipo de discursos que são usados como desculpa pelos violadores. "Essas revistas apoiam a legitimação de atitudes e de comportamentos sexistas e precisam ser mais responsáveis sobre o retrato que fazem da mulher, tanto em palavras como em imagens", explica Miranda Horvath, uma das autoras da pesquisa. "Há alguma coisa claramente errada quando as pessoas sentem que o tipo de linguagem usado em revistas masculinas poderia ter vindo de um violador", conclui.

E é porque realmente há alguma coisa de profundamente errado nessa constatação, que a Comissão para a Cidadania e a Igualdade de Género (CIG), na qualidade de entidade coordenadora do V Plano Nacional de Prevenção e Combate à Violência Doméstica e de Género 2014 -2017 (V PNPCVDG)[13], felicita a AMCV pela

[10] Quantos aos Inquéritos iniciados em 2013, importa ainda sublinhar, por ordem de incidência criminal, os seguintes: abuso sexual de crianças, violação, atos sexuais com adolescentes, pornografia de menores, abuso sexual de pessoa incapaz.

[11] Crimes sexuais – página 66 do RASI 2013.
Crime de violação – páginas 70 e 71 do RASI 2013.

[12] Pags. 72 e77 RASI 2013.

[13] A par do V Plano Nacional para a Igualdade de Género, Cidadania e Não - Discriminação 2014-2017 (V PNI), aprovado pela Resolução do Conselho de Ministros n.º 103/2013, de 31 de Dezembro, e do III Plano Nacional de Prevenção e Combate ao Tráfico de Seres Humanos 2014 -2017 (III PNPCTSH), aprovado pela Resolução do Conselho de Ministros n.º 101/2013, de 31 de Dezembro.

realização da IV CONFERÊNCIA INTERNACIONAL DE SOBREVIVENTE DE VIOLAÇÃO, desejando que os trabalhos sejam profícuos e que possam contribuir para a consecução do objetivo do V PNPCVDG *de tornar Portugal um país livre de violência de género, incluindo a violência doméstica, onde mulheres e homens, independentemente da sua origem étnica, idade, condição socioeconómica, deficiência, religião, orientação sexual ou identidade de género possam aspirar, em igualdade, a viver numa sociedade livre de violência e de discriminação.*

PEDRO VALENTE[14]

Exma. Senhora Ministra da Justiça, representada pela sua Chefe de Gabinete
Exmas. Senhoras e Exmos. Senhores Eurodeputados,
Exma. Sra. Presidente da Comissão para a Cidadania e Igualdade de Género, em representação da Secretária de Estado dos Assuntos Parlamentares e da Igualdade,
Exmas. Sras. Representantes da Agência Europeia dos Direitos Fundamentais e do Instituto Europeu para a Igualdade de Género,
Exma. Sra. Vice-Presidente da Associação de Mulheres Contra a Violência,
Minhas Senhoras e meus Senhores,

A conferência que agora iniciamos foi contemplada com o Alto Patrocínio Moral do Parlamento Europeu não só pela clara dimensão europeia e elevada qualidade do evento, mas também porque será um marco de reflexão e ponto de partida para uma estratégia concertada e eficaz de eliminação de uma das expressões mais trágicas da violência de género: a Violência Sexual.

Lamentavelmente, estima-se que 20 a 25% das mulheres na Europa é vítima de violência física e que mais de 10% é sexualmente agredida, pelo menos uma vez na vida. Sabemos também que a violência contra as mulheres não será erradicada a partir de intervenções isoladas. Ela convoca, outrossim, uma combinação de ações que têm necessariamente de possuir natureza transfronteiriça.

Urge pois, agir!

O combate do Parlamento Europeu às desigualdades e discriminações de género, por conseguinte à negação de direitos humanos das mulheres, é já longo - numerosa legislação europeia comprova-o - e em 2014 tem sido particularmente vigoroso:

- Assim, em Março passado, o Dia internacional da Mulher foi celebrado nos 28 Estados-membros sob um tema comum - Prevenção da violência contra as mulheres - um desafio para todos;

- Por outro lado, o Parlamento Europeu instou à criação de um Observatório Europeu sobre Violência exercida contra Mulheres e Raparigas cuja missão consistiria quer na sensibilização de cidadãos e políticos para este problema generalizado, quer na apresentação de um plano de ação para lhe pôr cobro;

- De igual modo, o Parlamento Europeu propôs a instituição, nos próximos três anos, do Ano Europeu de Erradicação da Violência contra as Mulheres e Raparigas;

- De salientar, por último, a atribuição do prémio Sahkarov 2014 - cuja cerimónia solene terá lugar numa sessão plenária, em Estrasburgo, no próximo dia 26 - a Denis MUKWEGE, o médico congolês que dedica a sua vida à reparação dos danos fisiológicos e psicossociais de dezenas de milhares de mulheres e raparigas congolesas, vítimas de violações coletivas e de violência sexual brutal na guerra em curso na República Democrática do Congo. O prémio Sahkarov para a liberdade de pensamento é

[14] European Parliament Information Office, Portugal

o maior tributo prestado pela União Europeia aos esforços desenvolvidos em prol dos Direitos Humanos.

Cabe assim, não somente aos políticos, às organizações da sociedade civil e aos organismos competentes que operam no domínio da violência sexual, mas também a todos nós, cidadãos europeus, encetar um diálogo profícuo e permanente a nível nacional, europeu e internacional, de molde a contribuir para a erradicação deste flagelo social.

Muito obrigado e votos de boa conferência.

PLENARY SESSION

How Europe will Be engaged in a common approach to prevent and combat sexual violence in the future

INES ZUBER

Inês Cristina ZUBER

- Confederal Group of the European United Left - Nordic Green Left Member
- Portugal ,Portuguese Communisty Party, Born on 11 March 1980, Évora

Your MEP in detail:

Chair

- FEMM Committee on Women's Rights and Gender Equality

Member

- EMPL Committee on Employment and Social Affairs
- D-BR Delegation for relations with the Federative Republic of Brazil
- DLAT Delegation to the Euro-Latin American Parliamentary Assembly

Substitute

- IMCO Committee on the Internal Market and Consumer Protection
- DMER Delegation for relations with Mercosur

LILIANA RODRIGUES

Liliana Maria Gonçalves Rodrigues de Góis
Member of the European Parliament (Socialist Party - Portugal)
-
www.europarl.europa.eu/meps/en/125099/LILIANA_RODRIGUES_home.html
Page: www.lilianarodrigues.com
University: www3.uma.pt/liliana/
Email: liliana.rodrigues@europarl.europa.eu

ACADEMIC BACKGROUND

- 2008 - PhD in Curriculum Studies; Universidade da Madeira (UMa).
- 2003 - Master of Education in Pedagogical Supervision; Universidade da Madeira (UMa).
- 1998 - Post-Degree in Education - Philosophy; Department of Social Sciences and Humanities (FCSH) - Universidade Nova de Lisboa (UNL).
- 1996 - Degree in Philosophy; Department of Social Sciences and Humanities (FCSH) - Universidade Nova de Lisboa (UNL).

PROFESSIONAL BACKGROUND

- 2014 to... - Member elected of the European Parliament (S&D, Portugal)
- 2014 to ... - Professor on Competence Center of Social Sciences (CCCS), Department of Education (DCE), UMa
- 2008-2014 - Assistant Professor of DCE - UMa
- 2004 to ...- integrated Researcher at Research Centre in Education (CIE) - UMa / Foundation for Science and Technology (FCT)
- 2004-2008 - Researcher at FCT
- 2000-2007 - Assistant in DCE - UMa
- 2002-2004 - Professor of vocational education level III
- 1998-2004 - Professor of Philosophy, Psychology and Sociology in secondary education

GENERAL PROFESSIONAL BACKGROUND

Before Professor Liliana Rodrigues accepted her new responsibilities as a Member of the European Parliament, she was a Professor at the University of Madeira (UMa) and had taught as a guest Professor in Spanish and Brazilian universities.

She is a researcher for the CIE-UMa / FCT and she has already more than 50 studies published. Professor Liliana Rodrigues was an investigator as well at Vienna (Austria). She has collaborated in more than 30 scientific guidelines by national and international students, and participated as a speaker in more than 60 conferences,

highlighting her participation as a speaker in the conference at the World Forum of Vocational and Technological Education in Brasilia, by invitation of the Brazilian government of Lula da Silva (2009).

She was coordinator of the ERASMUS program in DCE-UMa, member of the Institutional Evaluation Programme of UMA / European University Association team and responsible for the cooperation with Cuban, Spanish and Irish Universities. Professor Liliana Rodrigues hold several management positions in UMa, including Director of Education Sciences Courses.

She is strongly linked as well to the problematic of the educational qualification, training and employment and due to that she accepted the challenge of coordinator of the Centre for Academic Development and participated in the Working Group on Higher Education.

She is currently Chairwoman of "LI-M - Laboratory of Ideas of Madeira" since 2011, Secretary of the General Assembly of "Madeira Association of Animal Welfare" and Member of the organization "Feminine Presence".
As an MEP, she is concerned by themes related to Education and Culture, Regional Development and Women's rights and gender equality.

SOFIA RIBEIRO

Mrs Sofia Ribeiro is the new Portuguese MEP of the EPP at European Parliament. She is 38 years old and is from the Azores, a Portuguese outermost region, which their interests she proudly defends. This MEP has a degree in Mathematics from the University of the Azores, where she also has a Graduate Diploma in School Administration. In her professional past she was a teacher and, for a few years, member of the Secretariat of National Federation of Education and member of the Regional Council of Strategic Dialogue. About her last role, she held the Azorean Democratic Union of Teachers presidency and the vice presidency of Azorean Union of Workers (UGT-Açores). Now, at the European Parliament, MEP Sofia Ribeiro is an effective member on Employment and Social Affairs Committee, and substitute member on Agriculture Committee, where she has been working to get excellent outcomes for Portuguese and Azorean citizens, as well as for the Europeans.

JOSÉ INÁCIO FARIA

Born in Viana do Castelo, 1962 he took his first degree in Law at the Classic University of Lisbon and post-graduated in Environmental Law by the Institute of Law and Political Science, at the same University. Engaged in a PhD in International Public Law, University of Extremadura, Department of Public Law, Cáceres, Spain. He initiated his professional career in the private sector and later as a barrister in the area of succession, property and family law. From 1992 to 1998 he took functions as a Senior Technician at the Office of International Relations and Institutional and Inter-Municipal Relations at the Lisbon City Council. From 1998 he took an advisory role for the area of Environment and International Relations and in 2002 he was appointed to the Cabinet of the Mayor to create a Centre for International Relations. Since 2003 he was a jurist and a political advisor in a number of City Council Departments.

He was a juridical and a political advisor for the MPT political Group at the Lisbon Municipal Assembly, President of the National Jurisdictional Council of MPT from 2007 to 2009, and from 2009 until 2011 Secretary-General of the Earth Party (MPT). He is presently a Member of MPT's National Political Commission and the Electoral Coordinator.

MARISA MATIAS

Marisa Matias is Member of the European Parliament (MEP), elected first time in 2009, being re-elected in 2014. She currently integrates Economic and Monetary Affairs (ECON) and Industry, Research and Energy (ITRE) Committees. In the previous term she has also been member of the Environment and Public Health Committee (ENVI).

Currently, she is the Chairwoman of the Mashreq Delegation. From 2009 until 2014, she was Vice-Chair of Mashreq Delegation and integrated the Legislative Council of Palestine and South Africa Delegations.

During the last term, in the Parliament she was the rapporteur of the Directive to prevent falsified medicines from entering in legal chain of supply; the Strategic Innovation Agenda; Common Strategic Framework for Research and Innovation; European Initiative on Alzheimer and other dementia; and Annual Assessment of European Central Bank Activity in 2011. She was also rapporteur of several opinions.

Vice-President of the European Left party, since 2010. Member of the Bloco de Esquerda National Board and Political Committee; member of the directorate of the Pro-Urbe Civic Association (Coimbra).

Marisa has a doctorate in sociology from Coimbra University, Portugal, with the thesis 'Is nature sick of us? Health, environment and new forms of citizenship' (2009); MA in sociology in the field of social studies related to science and technology, Coimbra University, Portugal (2003); graduate in sociology, Coimbra University, Portugal (1998). Her areas of specialisation include environmental health, sociology of science, political sociology, democracy and participation. She has published scientific articles and chapters of books and other national and international publications on the relationship between the environment and public health, science and knowledge and democracy and citizenship. She has been trainer/teacher in post-graduate programmes and courses (including master and doctorate programmes).

Researcher at Coimbra University's Centre for Social Studies, Portugal, since 2004; research assistant at Coimbra University's Centre for Social Studies, Portugal (2000-2004); teacher of sociology and other subjects at the ITAP and Profitecla schools (2000-2001); editorial secretary at Revista Crítica de Ciências Sociais (1998-2000).

Throughout the years, she has been participating in the activities of several NGOs, having been elected vice-president of Pro Urbe, Civic Association for a four year period.

ANTÓNIO MARINHO E PINTO

Personal information

António de Sousa Marinho e Pinto, born on September 10th 1950, Amarante, Oporto, living in Coimbra

Education

- Law Degree, University of Coimbra

Professional information

- Lawyer (suspended activity since the beginning of his term at the European Parliament on July 1st 2014)
- Journalist (suspended activity since the beginning of his term as Chairman of the Portuguese Bar Association on January 8th 2008)

Other professional information

- Director of ANOP (Portuguese News Agency) (1979-1980 and 1984-1986)
- Director of Lusa (News Agency) (1986-1987)
- Advisor of the Government of Macau (1987-1988)
- Journalist of Expresso newspaper (1989-2006)
- Teacher of Communication in the Communication Degree at Escola Superior de Educação de Coimbra (1994-1995)
- Invited Teacher at University of Aveiro teaching Law and Communication Deontology (1995-2002)
- Director of Post-Graduation Course in Judiciary Journalism, organized by Lusófona University in cooperation with Observatório de Imprensa (2000-2001)
- Invited Associated Teacher at Faculty of Arts and Humanities of Coimbra, teaching Fundamental Notions of Law, Journalism Deontology and Communication Law (2005-2008)

Main Publications

Books

- «Aa Faces da Justiça» (Campo da Comunicação, Lisboa, 2003)
- «Dura Lex» - Retratos da Justiça Portuguesa (Minerva, Coimbra, 2007)
- «Um Combate Desigual» (Verso da Kapa, Lisboa, 2010)

Articles and conferences

- From 2007 to 2013 wrote dozens of articles on juridical, journalistic and civil rights' subjects, published in numerous media
- From 2006 to 2014 participated as a speaker in more than one hundred conferences and seminars on subjects such as: justice, functioning of courts, civil and human rights, and the principle of the rule of law

Other information

- Official of Associação Académica de Coimbra (Students' Association) - member of the executive board (1973-1974)
- Member of the Board of Sindicato dos Jornalistas (Journalists'Union) (1986-1987)
- Member of the Redactorial Council of Expresso newspaper (1996-1997 and 2001-2002)
- Member of the Board of the Portuguese Bar Association (2002-2003)
- Chairman of the Human Rights' Commission at the Portuguese Bar Association (2002-2003)
- Chairman of the Portuguese Bar Association for two consecutive terms (2008-2010 and 2011-2013)
- Chairman of the Portuguese Speaking Lawyers' Union in 2013
- Elected for the European Parliament (2014-2019

PLENARY SESSION

How EU meets survivors needs?

EU-WIDE SURVEY ON VIOLENCE AGAINST WOMEN (EUROPEAN UNION AGENCY OF FUNDAMENTAL RIGHTS)

Author

Ursula Till-Tentschert (European Union Agency for Fundamental Rights, AT)

In its "Conclusions on the Eradication of Violence against Women in the European Union" (8 March 2010), the Council of the European Union highlighted the problem which had also been identified by various civil society organisations and researchers – the persistent lack of comparable data on various forms of violence against women., The European Parliament, had addressed this problem already in its Resolution of 25 November 2009 on the Stockholm Programme and asked FRA to collect comparable data on violence against women.

FRA has carried out a survey to fill this data gap by interviewing a random, representative sample of 42,000 women across the 28 EU Member States. The FRA violence against women survey collected data on the extent, frequency and severity of violence against women in the EU, including data on women's access to and experience of police, healthcare and victim support services. The survey asked detailed questions about experiences of physical, sexual and psychological violence before and since the age of 15.

Based on the survey results, 11% of women in the EU-28 have experienced one or more forms of sexual violence by a partner or non-partner since the age of 15. Some 5% of women in the EU have been raped since the age of 15, either by a partner or another person. According to the survey, about 0.8% of women have been raped in the last 12 months which corresponds to an estimated 1.5 million victims in the EU-28. Rape was most likely to take place in women's current or previous partnership, and more than half of the victims had been raped more than once.

The survey results provide much-needed, detailed evidence for policy makers, practitioners and civil society organisations at the EU and national level for the development of policies and other measures to combat violence against women. The results also enable comparisons of the extent and nature of violence against women in different Member States.

The main results report can be downloaded in English at http://fra.europa.eu/en/publication/2014/vaw-survey-main-results and a summary report is available in 22 languages at http://fra.europa.eu/en/publication/2014/vaw-survey-results-at-a-glance

Biographic Notes

Ursula Till-Tentschert is a senior program manager for statistics and surveys at the European Union Agency for Fundamental Rights and is part of the project team of the Violence against Women survey. Her areas of expertise with respect to the FRA's work include survey methodology; gender inequality and violence against women. She has an M.A in social and economic sciences and previously worked for the Austrian Federal Chamber of Labour and the Austrian statistical office. She has also lectured on gender statistics and applied poverty and social research at the University of Vienna.

SUPPORT FOR VICTIMS OF GENDER-BASED VIOLENCE IN THE EU

Author

Zulema Altamirano (European Institute for Gender Equality, LT)

Sexual violence is a form of Gender-based violence. Gender-based violence against women is a violation of human rights and a form of discrimination. It not only undermines the integrity, dignity and freedom of women but also reflects and reinforces inequalities between women and men. Gender-based violence is rooted in multiple and intersecting forms of gender inequalities and discrimination, and reinforces them. In fact, gender-based violence cannot be understood outside the social structures, gender norms and roles that support and justify gender-based violence as "normal", to be tolerated/accepted.

This makes all forms of gender-based violence, including sexual violence, a unique form of violence, which requires a specific approach that covers comprehensively prevention, prosecution, protection and support of victims, integrated policies and monitoring systems in place.

During last century awareness and concern on the phenomenon of gender-based violence from different spheres of society has progressively taken place. It is difficult addressing gender-based violence without addressing also gender inequalities. EIGE's Gender Equality Index, launched in 2013, is constructed based upon achievements in EU-28 Member States in terms of equality, understood as an equal share of assets and equal dignity and integrity between women and men, in a total of 6 domains, reflecting that major inequalities are in the domains of time and power.

Evidence shows that many women in the European Union continue to be affected by gender-based violence. The EU-wide survey on Violence Against Women developed by the Fundamental Rights Agency (FRA) with the participation of 42,000 women, (FRA, 2014), provided a first assessment of the severity and extension of gender-based violence in Europe.

In recent years, EU institutions have strengthened their commitment to combat and eradicate gender-based violence and to ensure that the rights and protection of victims of any crime, including victims of sexual violence, are respected in all EU-Member States. Eradication of violence against women is a declared goal of the EU Commission and Member States. This commitment is affirmed in the European Commission's Women's Charter (2010)[15], the European Pact for Gender Equality 2011-2020[16], the European Commission's Strategy for Equality between Women and Men 2010-15, and the Stockholm Programme 2010-14[17].

A comprehensive picture of the different forms of gender-based violence against women is presented in the Council Conclusions (5 and 6 of June 2014) on "preventing and combating all forms of violence against women and girls, including female genital mutilation". Many women experience more than one form of violence or they are object of more than one form of violence along their lifetime. When addressing specifically sexual violence, this is, legislation, regulations, broad strategies for preventing, combating and protecting women and girls, all the forms connected to sexual violence must be considered. This covers not only rape or sexual assault, but also sexual harassment, harmful traditional practices such as female genital mutilation or forced marriage, or trafficking for sexual exploitation.

[15] European Commission, *A Strengthened Commitment to Equality between Women and Men: A Women's Charter*, COM(2010), 2010.

[16] See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2011:155:0010:0013:EN:PDF.

[17] See http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2010:115:0001:0038:en:PDF.

There are two EU binding acts on the rights and protection of victims of any crime, the Directive 2011/99/EU on the European Protection Order and the Directive 2012/29/EU establishing minimum standards on the rights, support and protection of victims of crime with especial mention to victims of gender-based violence.

The *Victims´ Directive (Directive 2011/99/EU)* calls upon Member States to ensure minimum rights for all victims of crimes. Specific crimes related to gender-based violence are appointed, such as in close relationships, sexual violence (including rape, sexual assault and harassment), trafficking in human beings, slavery, forced marriages or female genital mutilation.

The Directive aims to ensure that across the EU: victims receive appropriate information, support and protection and are able to participate in criminal proceedings and that victims are recognised and treated in a respectful, sensitive, tailored, professional and non-discriminatory manner. The Directive includes also a child sensitive approach, and applies to victims´ family members and recognises special needs of vulnerable victims. The recognition of special needs includes: individual assessment to identify vulnerable victims and special protective measures, training of practitioners and a stronger obligation to provide victim support.

The protection and recognition of victims with specific protection needs are set out in articles 18 to 24 of the Directive. It includes the provision of individual assessment to determine specific protection needs due to secondary and repeat victimisation, intimidation or retaliation, and a range of protective measures such as avoiding contact with the offender and protection of privacy.

The requirement to provide services for victims is set out in articles 8 and 9 of the Directive. The victims should have access to support services before, during and for an appropriate time after criminal proceedings. The service must free and confidential and there should be a mechanism for referring victims to those services. Victim support services should be available irrespective of whether the crime has been reported to the police or another agency.

The kind of support services that must, as a minimum, be provided are: information, advice and support, emotional and psychological support, advice on finance matters. Services should be available to victims in accordance with their specific needs and to family members, which consist as a minimum of shelters or accommodation for victims at risk of repeat victimisation, targeted support, including trauma support and counselling. Vulnerable persons (victims in close relationships, victims of gender-based violence or persons who fall victim to other types of crime in a Member State of which they are not nationals or residents) should be provided with specialist support and legal protection.

One of the key measures to support women survivors of violence is to provide specialised services and ensure the effective coordination of public support system. EIGE's report on 'Review of the Implementation of the Beijing Platform for Action by the EU Member States: Violence against Women. Victim Support' (2012) presents the current status of the general and specialised services available for women survivors of intimate partner violence in the 27 EU Member States and Croatia. The report provides analysis on the range, number, extent and actual use of the support options and presents recommendations for improving support services. The report also presents data gaps and provides recommendations to improve the objectivity, comparability and reliability of the data at the EU level in this area.

The vast majority of the EU Member States have implemented national action plans to combat domestic violence, and have included in the penal codes the intimate partner violence and adopted protection orders. However, many challenges still remain. The majority of national action plans lack monitoring and evaluation; legal measures lack a gender-based definition of violence, and protection orders lack efficient implementation. While there has been significant progress in the criminalisation of DVAW, gaps in implementation still remain,

with low numbers of prosecutions compared to the number of reported cases and sanctions rarely sufficient to act as a deterrent. There are no consistent standards or approaches to perpetrators' programmes and not all of the programmes align with the support services for victims. The training of professionals on DVAW is often not systematic, or included in their basic training. Furthermore, it is neither mandatory nor sufficiently funded.

The level of provision of support services varies substantially within the EU in relation to approach, capacity and quality. In some countries, services to women survivors of DVAW are not gender specific, but are delivered as general services to victims of domestic violence. Women's shelters, legal advice services, women's helplines and counselling services are the most prevalent support services in the EU Member States and Croatia. They are mainly provided by women's NGOs. However, the services are not always accessible (free of charge, geographically distributed, multi-lingual) or sustainable in the long-term.

In relation to data collection on gender-based violence, an EU-wide systematic and comprehensive approach to data collection on gender-based violence is necessary to know the real picture of the phenomenon of gender-based violence in all its forms, including sexual violence. Furthermore, recent regulations in connection to the needs of survivors of all forms of gender-based violence, (this is the Istanbul Convention, the Victims Directive and the Directive on the European Protection Order) require the collection of relevant data related to gender-based violence to monitor and evaluate their implementation in Member States.

Data on prevalence and criminal statistics are both needed, together with data showing the responses from all sectors and actors when addressing gender-based violence in Europe. Administrative data sources can be useful for collecting comparable data on gender-based violence. They can provide detailed information on how judicial, police, health and social protection services respond to the prevention, protection, and prosecution of incidents of GBV. Administrative data reflect what is recorded by an organisation interacting with a victim or perpetrator but not the prevalence of gender-based violence in a Member State (due to the high rate of unreported incidents of gender-based violence).

EIGE conducted a study in 2013 on "Mapping administrative data sources on gender-based violence against women in the EU", to expand knowledge about the current status and statistical potential of administrative data sources on gender-based violence and related statistical products, in the EU-28.

The results show that the forms of gender-based violence that are more comprehensively covered by administrative data sources are: *intimate partner violence (including gender-based homicide), rape and sexual assault*. The sectors with the widest coverage are *police* and *justice*. Differences in the legal terms and definitions of the forms of gender-based violence in Member States are a key gap for data collection in all sectors. Availability of administrative data is related to the legal approach and criminalisation of gender-based violence in EU-Member States. In most Member States there are neither comparable sex-disaggregated data nor specific mechanisms in place to coordinate the collection of data on gender-based violence.

As result there is a need for a common understanding and joint instruments at EU and Member State level in order to collect harmonised and comparable data on gender-based violence from administrative institutions to monitor their respond to survivors needs. Furthermore, based on an integrated and targeted approach, specialist support services should, in particular, take into account the specific needs of victims, the severity of the harm suffered, as well as the relationship between victims, offenders, children and their wider social environment.

Biographic Notes

Ursula Till-Tentschert is a senior program manager for statistics and surveys at the European Union Agency for Fundamental Rights and is part of the project team of the Violence against Women survey. Her areas of expertise with respect to the FRA's work include survey methodology; gender inequality and violence against women. She has an M.A in social and economic sciences and previously worked for the Austrian Federal Chamber of Labour and the Austrian statistical office. She has also lectured on gender statistics and applied poverty and social research at the University of Vienna.

PLENARY SESSION

What survivors tell us?

HAVING A VOICE: THE FUNDAMENTAL RIGHT TO REGAIN POWER BY WOMEN SURVIVORS OF SEXUAL VIOLENCE

Author

Hipátia - Self-representatives Women's Group of Survivors of Gender Violence (PT)

To Have a Voice: A key to empowerment of women survivors of sexual violence

This presentation purpose, is to raise awareness on the needs of women survivors of sexual violence, namely about their support and intervention needs.

It was made by Hipátia, a group of self-advocate women, survivors of gender violence, who want contribute for social change on gender-based violence, through the perspectives of women survivors of violence.

This group was created in 2009 within the Association of Women against Violence to empower and to improve women's participation on the discussion about gender based violence.

This presentation builds on the idea that women survivors of violence should be involved both in the change processes that directly relate to their lives and their rights. That they should be heard, have their opinions valued, specially by support services professionals, when developing intervention, measures and policies to combat gender violence, including sexual violence.

Furthermore, this presentation is based on the principle that their life experience and history of violence is a valuable knowledge which should be recognized and valued and that opportunities that promote their participation should be enhanced.

It is fundamental that women survivors are viewed as experts on the issues of gender violence, not only regarded as users of community services. Organizations must promote opportunities for their participation and take care of their opinions on the quality of services provided.

Society, organizations and professionals should approach gender-based violence, including sexual violence, seriously. A system that protects the victim/survivor and makes the perpetrator accountable must exist.

There are still many prejudices that influence the way society and professionals approach these situations. The idea that women should sacrifice themselves for the sake family is still prevalent; women are still educated to sacrifice. On the other hand they often feel guilty for doing so. Education and society have an idea of family, which often is different from real families.

Another mindset idea is that sex is an obligation in marriage. There is a lack of awareness that marital and dating rape, are very serious crimes.

Victim's protection and safety requires specialized support services that respond to their needs and recognize their basic rights for protection and safety.

Protection rights and support services must be effective and should not rest on a formal complaint. The victim/survivor should not be placed in greater risk. She might be vulnerable, scared, insecure, lonely, unprotected, making it very difficult to ask for help. She must not be accountable for the violence or, for not being able to stop it.

Professionals should be aware of the signs of violence and should talk about it openly, even when it is intimate partner sexual violence.

Doctors and teachers play an important role identifying situations, especially regarding children. It is crucial that they not diminish the situation, provide immediate support and information on safety strategies and refer to specialized organizations.

Professionals should accept as true the survivor's story, and her testimony must be recognized by the social and legal protection system.

Making the perpetrator accountable requires an effective and swift penal system, with the immediate removal of the perpetrator and a prohibition of contacts.

It is very harsh when, for safety reasons, victim/survivor has to leave the home or the employment. We argue that shelters are essential for life threatening situations, but there must be other measures that would allow survivors to maintain their lives, preventing more losses.

Consequences should be directed at the perpetrator, forcing him to move away from the victims/survivors. The protection systems should stop the perpetrator's criminal behaviour and deal with it as a serious crime, with severe penalties like detention.

In Portugal, there is an enormous shortage, of support services for survivors of sexual violence. This is clear violation of citizen's fundamental rights.

Specialized agencies that support the survivors of sexual violence must be created to support survivors, their children, and other non-abusive family members. These agencies should be focused on violence against women and differ from all-purpose victim services.

We believe that these agencies should have trained professionals from different areas - Psychology, Law, Social Services - in order to meet the survivor's different needs. Moreover, they should have training on Human Rights, Gender Equality, Violence against Women and Children and Risk Assessment and Management, so that they can act promptly and effectively prevent more violence or even death.

It is vital that these agencies are focused on survivor's needs, and work in partnership with other agencies, such as health centers, hospitals Forensics Office, Police and Courts, to ensure cooperative strategies for survivors and children's protection. Courts and Police should work closely with support organizations.

There should be a national registration complain system on domestic violence, to make the perpetrators violence past history more available.

Since survivors should have the opportunity to make their own decisions and be able to have their rights protected and support for all their needs, forensic exams should be available as soon as reported and not depending on formally pressing charges against the perpetrator.

These expert agencies should have an answering service, available 24/7, as well as emergency shelter, mainly for life threatening situations. We have to remember that most perpetrators are known or even family members of the victim/survivors, and a safe place is needed.

We believe that it is very important that these agencies provide customized and long term support to each situation, because they each have different needs.

State and of public policies should ensure that the quality of support received should not depend on where the crime is committed. Gender violence and sexual violence are not geographically limited and in a Human Rights perspective, every victim/survivor should have the same opportunities.

Support services and professionals should listen actively to women survivors about their needs, perspectives and decisions, defending their rights and promoting their empowerment.

Finally, we consider that gender violence, including sexual violence, should be viewed seriously due to its magnitude. We should have quality services, as well as measures, methodologies and contexts that promote women survivors citizenship, participation and equality.

Keywords

Empowerment, self-advocacy, support needs, intimate partner sexual violence, survivors of violence

Biographic Notes

Hipátia is a group of self-advocate women survivors of gender violence, that want to contribute strongly to the social change on gender-based violence, through the perspectives of women survivors of violence.
The group was created in 2009 within the Association of Women against Violence, with women survivors of domestic violence. In 2014, with the project "New Challenges in Combating Sexual Violence", the group has extended their intervention area to include sexual violence. The group has now seven women participants.

SUPPORTING TRANS* SURVIVORS OF SEXUAL VIOLENCE: LEARNING FROM USERS' EXPERIENCES

Authors

Sally Rymer (Survivors' Network - Rape Crisis Centre Sussex, UK)
Valentina Cartei (Survivors' Network - Rape Crisis Centre Sussex, UK)

Transgender individuals are particularly vulnerable to sexual violence. Yet, many do not seek, nor receive, adequate support. This study is an important initial investigation of perceived barriers to accessing services for survivors of sexual violence by trans* individuals, as well as what, in their opinion, would make for a helpful and appropriate service. Thirty-seven self-identified British-English trans* individuals responded to a web-based national survey on experiences of support following their incidents of sexual violence. Survey data were supplemented with qualitative, in-depth interviews with three trans* individuals and three professionals supporting trans*survivors of sexual violence. Alongside barriers common to all survivors, such as feelings of shame and self-blame, specific barriers to trans* identity were identified. These responses provide a valuable insight for public bodies, sexual violence agencies and other providers into further understanding and better including the needs of trans*survivors of sexual violence, ultimately improving the support they receive.

Biographic Notes

Ursula Till-Tentschert is a senior program manager for statistics and surveys at the European Union Agency for Fundamental Rights and is part of the project team of the Violence against Women survey. Her areas of expertise with respect to the FRA's work include survey methodology; gender inequality and violence against women. She has an M.A in social and economic sciences and previously worked for the Austrian Federal Chamber of Labour and the Austrian statistical office. She has also lectured on gender statistics and applied poverty and social research at the University of Vienna.

PLENARY SESSION

How agencies cooperates to fit the survivors needs?

STATES RESPONDING TO RAPE: AN ANALYSIS OF 10 YEARS OF NATIONAL PLANS, FROM AN IRISH PERSPECTIVE

Author

Fiona Neary (Rape Crisis Network, IE)

Presenter

Cliona Saidler (Rape Crisis Network, IE)

Abstract

It is increasingly recognised internationally that every country requires a National Strategy (NS) or a National Plan (NP) on Gender-based Violence (GBV) and that this is critical in addressing violence against women in any meaningful manner. A set of broad guidelines are increasingly common in guiding the formation of same and these are found across the Beijing Platform for Action, UNIFEM, Council of Europe/Istanbul convention, and CEDAW.

Ireland is in some ways 'ahead' when considered against EU and some other countries, in that much of the guidelines have been followed and Ireland has a National Strategy, a government office with staff to drive delivery of the strategy, a high-level interagency committee to advise this office, including a wide range of statutory and NGO agencies, a monitoring and over-sight structure, and a well-developed range of specialist frontline services responding to victims. The current National Strategy development engaged with a very wide range of agencies involved in addressing GBV as well as including interviews with survivors. The definitions are clear and for the first time many statutory agencies were identified as having a role in GBV.

And yet, despite the good practice in structures there are shortcomings and challenges in delivering real outcomes. Rape Crisis Network Ireland (RCNI) as the national non-governmental specialist sexual violence body has identified a range of key problems which have negatively impacted on implementation and progress. Drawing on over ten years' experience of working in partnership with Government National Plans, and with reference to lessons learned from other states, this input aims to stimulate an engaging conversation on various perspectives of the design, implementation, evaluation and impact of national plans in order to explore lessons learned towards increased effectiveness of national plans in effecting the shared goal of preventing GBV.

Biographic Notes

Cliona Saidlear

- Policy and Communications Director, Rape Crisis Network Ireland;
- Chairperson of 3rd ICSoR, Galway, Ireland;
- Management and development team of RCNI National Knowledge Initiative, a real time national data collection system with anonymised information from survivors and others attending Rape Crisis Centres. This demographic, abuse, and service usage data analysis is used for a range of research, including that carried out in-house, research in specialist academic partnership, and research in collaboration with other specialist organisations;
- Development, piloting, evaluation and running of national educational programmes on primary prevention, bystander engagement and secondary prevention;
- Development of sectoral and national guidance on awareness raising, prevention and campaigning;
- PhD in International Politics, University of Wales Aberystwyth.

VICTIMS' USE OF PROFESSIONAL SERVICES IN A DUTCH SEXUAL ASSAULT CENTER

Authors

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Background

Prior research endorsed the establishment of sexual assault centres in the Netherlands, because of the potential benefit for victims' mental recovery. In 2012, the first Dutch sexual assault center was founded at the University Medical Center Utrecht. The aim of the center is to provide 24/7 coordinated and integrated services (i.e., medical, forensic, and psychological) in one location.

Objective

The purpose of the present study was to describe demographic, background, and assault characteristics of victims seen at the center within one week post-assault, and their use of post-assault services in order to improve current services.

Method

From January 2012 to September 2013 prospective data of 108 patients were collected. To describe the population included, frequency counts and proportions were generated for categorical variables. Results: The mean age was 21.3 years (SD = 9.8). Most victims were female (91.7%). A large proportion of victims reported background characteristics known to increase the risk for post-traumatic stress disorder (PTSD) and revictimization such as prior sexual abuse (32.4%), pre-existing use of mental health services (45.4%), and not living with both biological parents (61.7%). Most patients (88.9%) consulted the center within 72 hours post-assault. The uptake of services was high: 82.4% received emergency medical care, 61.7% underwent a forensic-medical exam, 34% reported to the police and 82.4% utilized psychological services.

Conclusions

To prevent revictimization and PTSD, current psychological services could be improved with immediate trauma-focused treatments. Current forensic services may be improved with the use of standard top to toe forensic-medical examinations for both children and adults.

Keywords

assault; sexual assault; emergency care; mental health; Post Traumatic Stress Disorder (PTSD)

Biographic Notes

Iva Bicanic

- Clinical psychologist, head of the Psychotraumacenter of the University Medical Center in Utrecht.
- The Phd research is in neurobiological and psychological correlates of rape in adolescents.
- Co-founders of the first Dutch Rape Center and chair of the 2nd ICSoR.

NEW CHALLENGES IN COMBATING SEXUAL VIOLENCE

Author

Maria Shearman de Macedo (Association of Women Against Violence, PT)

AMCV - Associação de Mulheres contra a Violência (Association of Women Against Violence) is a non-governmental organization working for the promotion and protection of women, young girls and children Human Rights, engaged actively against all forms of gender violence and gender discrimination.

AMCV has begun its work in 1992 giving support to women survivors of rape by strangers, stumbling upon a huge lack of support and intervention resources, forcing the survivors to a painful and mostly unsuccessful journey through the justice and health system.

Since then, AMCV has been lobbying at national and international level for the changing of the political agendas and legislation, the implementation of specialized services taking into account the survivors needs, their empowerment and protection, as well as for the civil and criminal de jure et de facto accountability of perpetrators.

Over the past decade, Portugal has made significant progress on policy strategies, legislation, scientific knowledge and professionals training, as well as procedures and services supporting victims/survivors of Domestic Violence.

However, a serious gap on resources still remains for other forms of violence against women and gender violence, such as sexual violence and specifically rape. There are still no specialized services for sexual violence, crisis centers. Only a few intervention protocols, especially in forensic expertise have been identified.

Existing public data on Sexual Violence are mostly produced by the police authorities and therefore affected by the legal definition of sexual crimes and by the existing of formal criminal complaints and criminal inquiries. Remaining sectorial, it is not possible to have a full perception of the outcome of the judicial process and court decisions. Additionally data about rape cases produce by others stakeholders are scarce or nonexistent.

The Annual Report of Internal Safety of 2013 presents 473 criminal inquiries for rape, being the second sexual crime more reported (next to child sexual abuse with 1227 criminal complaints), involving 119 underage victims (112 girls and 7 boys) and 343 adult victims (313 women and 30 men). From the 186 (184 male and 2 female) accused perpetrators, 23 were kept in pre trail detention.

However, in the European Union Agency for Fundamental Rights (FRA) “EU wide Survey on Violence against Women” (2014), 1% of the Portuguese women interviewed had been victims of sexual violence by partners and non-partners in the 12 months preceding the survey.

The statistical extrapolation point out the huge number of 41.542 women and girls, potentially victims of sexual violence in Portugal, and confirms that a great majority of sex crimes are undisclosed and sexual violence remains underestimated and a taboo subject shrouded in silence, as stressed out by the EIGE (2013) “Study to identify and map existing data and resources on sexual violence in the EU”.

Portugal ratified the Council of Europe Convention on preventing and combating violence against women and

domestic violence (Istanbul Convention), which entered into force on the 1st of August this year, binding the national authorities to their state obligation and due diligence according to the scope of the Convention.

This European (CoE Istanbul Convention, EU Directive establishing minimum standards on the rights, support and protection of victims of crime) and national (Ratification of Istanbul Convention, V National Plan to Prevent and Combat Domestic and Gender-based Violence 2014-201) conjuncture and the financial support of EEA Grants was the right opportunity for AMCV launching with success a project taking the challenge of contributing for the creation of a national framework on sexual violence intervention, to influence national policies and program strategies, to promote a national intervention model with an articulate multi-agency and gender perspective approach centered on the survivals needs and protection.

"**New Challenges in combating Sexual Violence**" is a project in the scope of the Active Citizenship Program, co-financed by the European Economic Financial Mechanism (EEA Grants) managed by Calouste Gulbenkian Foundation and started at February 2014 having a two years duration.

Partners identified as key institutional actors to take this challenge are:

- Plataforma Portuguesa para os Direitos das Mulheres - PPDM (Portuguese Platform for Women's Rights) - Women Human Rights NGO national umbrella ;
- Instituto de Medicina Legal e Ciências Forenses, IP - IMLCF (National Institute of Legal Medicine and Forensic Sciences) - official agency of the Ministry of Justice;
- Direção-Geral de Saúde - DGS (Directorate-General of Health) - public body of the Ministry of Health.

Challenges defined are:

- To outline minimum standard procedures on different areas (social, health and justice) for quality and efficiency improvement of support services, according to the needs of survivors of sexual violence and risk prevention;
- To enable professionals with information, training and specialized intervention tools;
- To harmonize procedures by using best national and international practices frameworks, which promote the recovery and empowerment of women and girls survivors and ensure the protection of their human rights;
- To lobby for the amendment of national legislation on sexual violence and rape in accordance with Council of Europe Istanbul Convention.

Project activities proposed to fulfil those challenges are:

- Implementation of a specialized articulation network with a comprehensive multi – agency approach to ensure high quality services provision and the necessary resources to meet survivors of sexual violence needs and protection;
- Implementation of a specialist support services office for women, young people and children survivors of sexual violence.
- Implementation of a self-help and self - representative groups of women survivors of sexual violence;
- Conducting an online petition to lobby for policy strategies and legal changes on prevention and combating sexual violence;
- Production of a booklet on intervention procedures and protocols;
- External Evaluation by a Portuguese Researcher from the ISMAI – Instituto Universitário da Maia

The oral presentation will focus on the expectations for the implementation of the specialized network and its articulation work, as well as on the launching of the online petition for specialized services on Sexual Violence.

Biographic Notes

Maria Shearman Macedo collaborates with AMCV (Women Association Against Violence – Portugal) since 1995 having the expertise on Human Rights and Violence against women, young people and children.
Director of AMCV Counselling and Advocacy Centre.
Represents AMCV in several local specialized networks on Preventing and Combat against Gender Violence and Domestic Violence
At international level represents AMCV in Women against Violence Europe (WAVE), EWL (European Women Lobby) Observatory on VAW and Commission on the Status of Women (CSW)
Participation since 1999 in several European and National Projects.

THE RESPONSE OF THE NATIONAL HEALTH SERVICE IN PORTUGAL PREVENTING SEXUAL VIOLENCE - THE CHALLENGE OF THE NETWORK INTERVENTION

Author

Daniela Machado (General-Directorate of Health, PT)

Communication

Globally, the phenomenon of violence has gained visibility over the years, as a major public health problem, clinically complex, with a strong impact on populations and high costs associated, reaching pandemic dimensions, according to the World Health Organization.

Some causes as well as the impact had on the victims are relatively easy to identify; however, others, not always evident, remain rooted in cultural and social norms that foster inequality in relationships.

A large part of the abusive experiences arise in contexts of emotional closeness, particularly within family and/or relations of intimacy violence, often assuming contours of gender violence. Especially in the private sphere, the characteristics of relational dynamics assume physical, psychological, sexual, economic abuse, neglect/deprivation, all victimization experiences in mostly silenced by various factors, including fear, shame, guilt, emotional dependency and/or economic.

In Health Sector, professionals have been called upon to provide care along who is a victim of violence, centered mainly on restorative perspective of injuries, both from a physical, psychological and emotional point of view. Furthermore, many situations lack for detecting, being hidden in nonspecific physical or psychological symptoms.

Given the unique position to meet the specific needs of whom is at risk or danger of suffering violence, it is irrefutable the role of health teams in prevention and intervention in this phenomenon. In fact, frequently, physicians, nurses, psychologists, social workers, and to some extent, administrative and assistant staff, besides being the first receptors of disclosure, are able to entitle support and reference, provide care and do the follow-up of cases, as well as collect and preserve evidence in cases of interpersonal violence, including sexual violence.

Therefore, it was considered essential in Portugal, at the National Health Service, the definition of uniform and effective strategies to establish mechanisms of action to prevent violence transversely. It is especially intended, a paradigm change that focuses a holistic and preventive approach to violence, taking account the lifecycle and aspects related to gender inequalities.

Seeking to respond to national and international guidelines for the health sector in these matters, was established in 2008, the **Children and Youth at Risk Health Action** (Order No. 31292/2008), whose objectives are promoting the rights of children and youth, particularly in health, by preventing the occurrence of maltreatment, early detection of contexts, risk factors and warning signs, monitoring and care, signaling and/or referral of cases identified. More recently, in 2013, was created the **Gender, Violence and Lifecycle Health Action** (Order No. 6378/2013), broadening the spectrum of activity in the field of adults, by promoting equality, in particular, equity in health, and the prevention of interpersonal violence, including intimate partner violence, violence against the elderly, sexual violence, stalking, human trafficking and female genital mutilation.

Recognizing the higher prevalence of violence against women, this Action also considers male victimization, female perpetration and mutual violence.

Following these two Actions and in order to substantiate good practice by health professionals, it was produced technical reference for the different types of violence, that contain guiding principles and flowcharts, reviewed by a panel of consultants from various sectors and areas, including forensic medicine and justice.

Actions also created a national network of multidisciplinary teams at primary health care and hospital level for specific answers, whose intervention is based on the principle of complementarity: Support Children and Youth at Risk Teams, aiming to prevent child and young abuse; and Adult Violence Prevention Teams, for subsequent lifecycle ages.

Generally, these teams main functions are to sensitize the population and health professionals to gender equality and violence prevention throughout the lifecycle; disseminate technical and legal information, increasing professional training; collect and treat statistics about all the cases intervened in primary or secondary health care level, helping to have a closer view about prevalence and health impact; provide support and consultancy to professional health teams; manage clinical situations; establish mechanisms for intra-institutional co-operation, collaborating with other projects and community resources, mobilizing a network of internal resources and stimulating social network.

This integrated response throughout the lifecycle is based on the intercepted aspects of different types of violence, and especially, on the effect of transgenerationality, while replicating patterns of violent behavior that affect different elements of the family, especially children. Often, being (continuously) exposed to family violence represents a heavy trauma perpetuated over generations, working as pathological internalized models of communication and relationship inheritance.

In conclusion, it seeks through the creation of both Actions, take violence as a health problem and clinical entity, as well developing strategies for integrated responses through a comprehensive, multidisciplinary and intersectoral approach. This model of network intervention, allows address the family's needs, avoiding the (re)victimization and maximizing resources.

Biographic Notes

Daniela Machado is a clinical psychologist in a primary health care setting, at the Regional Health Administration of the Algarve, Public Institute (ARS). Has developed its activity in clinical and health spheres, particularly in the areas of Early Childhood Intervention, Children and Youth Mental Health, Children and Youth at Risk of Maltreatment, Health Promotion in Pregnancy and Parenting, Domestic/Gender Violence, School Health, Counseling on HIV/AIDS, Voluntary Interruption Pregnancy, and Integrated Continuing Care for Elderly and Dependent. Regionally, coordinates the Working Group on Violence across the Lifespan in this ARS, and at a national level, integrates the Monitoring Group Health Action on Gender, Violence and Life Cycle of the General Directorate of Health (Order No. 6378/2013 of the Ministry of Health). Is co-author of the manual "Interpersonal Violence: Approach, Diagnosis and Intervention in Health Care", which sets out principles of good practice in violence intervention within the National Health Service in Portugal.

PLENARY SESSION

How justice contributes to the prevention and recovery process?

ATTRITION IN DANISH POLICE REPORTED RAPE CASES

Authors

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Over the last 30 years researchers, practitioners, and policy makers have been concerned with the attrition rate of rape crimes in the criminal justice system. Although most serious crimes have some level of attrition, rape crimes seem to have one of the highest attrition rates. Furthermore, research has shown that in the past ten years, more rape cases have been reported to the police, but fewer cases have ended with conviction.

The present study investigated attrition in reported rape cases at several time points in the legal process, including the police and the prosecution's legal decision regarding case closure. In addition, this study examined potential differences in attrition patterns and legal decisions regarding case closure between a group of victims in contact with a specialized multidisciplinary treatment unit for rape victims compared to a group of victims not in contact with this unit. The study was conducted on a case-file analysis of all rape cases reported to a regional Danish police department (n=282) over a three year time period from 2008-2010.

Results showed an overall conviction rate of 13.5 %. Most cases were closed in the initial processing phases with the police closing 61.7 % of the cases and the prosecution closing 53.7 % of the cases referred by the police. Insufficient evidence and the victim's unwillingness to participate in the investigation were important factors for attrition. We found no significant differences in attrition patterns or legal reasons regarding case closure between the group of victims who had been in contact with the specialized multidisciplinary treatment unit for rape victims and those who had not. More research is needed to explore the effects of specialized multidisciplinary treatment units for rape victims on the legal process following a rape crime. We encourage knowledge sharing across different countries on experiences of attrition in rape cases and initiatives to improve the psychological and legal support for victims of rape.

Biographic Notes

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Ask Elklit is a professor of psychology at University of Southern Denmark and the head of the National Center for Psychotraumatology. His research covers a wide array of areas in the field of psychological trauma, crisis intervention and crisis management. He is currently involved in several major studies regarding domestic violence, war veterans, traumatized immigrants, sexual assault, and detecting traumas in infants, among many other projects.

VICTIMS OF RAPE: FROM THE COMPLEXITY OF THE PHENOMENON TO THE GOOD PRACTICES OF INTERVENTION BY THE JUSTICE SYSTEM

Author

Cristina Soeiro (Escola de Policia Judiciária / Portuguese Judiciary Police, PT)

Abstract

This communication aims to present the Portuguese project implemented in the Judiciary Police to improve the quality of the assistance services for the victims of sexual crimes offered by the police officers, at national level. The CSBP project have as main goal promote the development and standardization of the professional working practices of the police criminal investigation dealing directly with sexual crime, bearing in mind the complexity of the phenomenon. Sexual crimes occur in various social contexts of life of the victims. It is therefore important to prepare the criminal investigation police to intervene in contexts where such crimes can occur: the internet, family, friends, caregivers, colleagues, strangers, and workplace. The project has two different phases: the first was the diagnosis of the problem with a: 1) study of the characteristics of victims, offenders and the contexts where aggression occurs; 2) identification of European legal mechanisms and European and United Nations recommendations; 3) survey of methods of work used in European space in terms of criminal investigation for this kind of crime (models interview, interrogation, types of rooms for interview the victims, …). The second phase was the implementation of work guidelines: 1) Specialized training: This training consists of two levels of preparation: an initial level and an advanced level specific for the sexual crimes departments of the police force. This training is geared to a set of core areas in combating this type of crime: legal aspects, characteristics of victims and perpetrators; contexts of sexual assault; Internet and sexual assault; methodologies to interview victims and perpetrators; 2) Preparation of a manual of procedures to standardize professional practices relating to criminal procedures specific to the area of sexual crimes; 3) Implementation, at national level, of a specific room to give assistance to victims of sexual assault: organization of space, identification and acquisition of suitable pedagogical material to conduct interviews with victims; these rooms also seek to promote integration between the various professionals in the justice system work in the gathering of witness testimony.

Biographic Notes

Cristina Branca Bento de Matos Soeiro (c.soeiro@netcabo.pt; cristina.soeiro@pj.pt)

1. Formação Académica

- Doutoramento em Psicologia, área da Justiça, pelo Instituto de Educação e Psicologia, da Universidade do Minho.
- Mestre em Sociologia pelo Instituto de Ciências do Trabalho e Empresas - ISCTE.
- Licenciatura em Psicologia, pela Faculdade de Psicologia e Ciências da Educação - Universidade de Lisboa.

2. Experiência Profissional

- Integra a Escola de Polícia Judiciária como Especialista Superior, desde 1990, e é responsável pelo Gabinete de Psicologia e Selecção.
- Coordenadora da Licenciatura em Psicologia Criminal e da Pós graduação em Psicologia Forense, no Instituto Superior de Ciências da Saúde Egas Moniz, desde 2007.
  Coordenadora de vários projectos de investigação no âmbito da Psicologia Forense e Criminal (aplicados ao contexto do trabalho de polícia).

HOW THE LEGAL CONCEPT OF RAPE CAN HELP VICTIMS?

Author

Maria Clara Sottomayor (Judge of the Supreme Court, PT)

1. Brief historical evolution of the concept of rape since the 1982 criminal code

The concept of rape in the Portuguese Criminal Code has evolved in various stages after the democratic revolution 1974.

The first step was the criminal code of 1982 which terminated the distinction between legal and illegal sexual relationships according to the fact they took place in or out of wedlock, abolishing the husband criminal immunity for raping his wife.

However the criminal norms that defined rape and other sexual crimes were included in the section of the criminal code dedicated to crimes against the ethical and social foundations of society and not in the section dedicated to crimes against persons and their fundamental rights.

The criminal code also maintained the old bias against women stipulating that the perpetrator benefited from a supplementary reduction of the penalty of prison in the cases in which he had a special relationship with the victim or in the cases in which she provoked the perpetrator.

Also this criminal code defined rape as vaginal sex and only women could be victims of rape. Oral and anal sex was not considered to be a rape crime but a crime of «indecent assault» punished with a much lower penalty.

The 1995 reform changed the systematic inclusion of sexual crimes and put them in the section of the crimes against persons and in the chapter of crimes against sexual freedom and sexual self-determination. It also punished forced anal sex with the same penalty of rape, but the reform maintained the strict legal definition of rape as a crime that could only victimize women. The legislator eliminated the reduction of the penalty due to a special relationship between perpetrators and victims and the provocation excuse because this norm was considered to be against the Constitution and women's fundamental rights to autonomy and equality.

It was only in 1998 that the legislator defined rape in a neutral gender manner and included anal and oral sex in the legal definition.

In 2007, penetration with objects was also included in the legal concept of rape and the minimum limit on the prison penalty has increased from two to three years, maintaining the legislator the maximum term of imprisonment in ten years enacted by the 1995 reform.

In spite of these legal changes, the definition of rape has not yet been cleaned-up of cultural prejudices, as it demands the presence of physical violence or a serious threat to the victim.

2. The legal definition of rape and Portuguese case law

The legal definition of rape demands, as essential requisites for the legal fulfillment of rape crime, violence or serious threat directed to the victim by the perpetrator in order to constrain her to a sexual act described in the law.

The legislator is influenced by pre-conceived ideas that the rapist is a stranger who beats the victim or threats her with a weapon and that women are objects available to men sexual desires who can presume the female consent.

I focus on prevalent social constructions on heterosexuality, male aggression and feminine passivity, although it doesn't preclude acknowledging that both sexes can be perpetrators and victims.

Rape is as one of the most «genderized» crimes. The danger of being raped and rape fear is a part of the identity of women in their day to day life.

Interpretation and application of the criminal disposition that defines and punishes rape is one of the legal and judicial matters more tagged by bias and discrimination against victims.

The bias question has its deep roots in the story of patriarchy and in the historical discrimination of women that created a different construction of male and female sexuality characterized by the vision of women as male property, like the *ius in corpus* of the Canon Right – a right to the women's body – and the civil duty to maintain sexual relationships with the husband.

Due to these historical and cultural conditions, the majority of the rapes occur in marriage or *de facto union* relationships, as one of the last steps of a process of domestic violence against women.

But it occurs also in relational contexts in which young women are raped by boyfriends or mates in an initial stage of a romantic and sexualized relationship. This is a phenomenon known as «date rape».

The context in which rape occurs is not the one assumed by the law, that demands the existence of violence or a severe threat directed to the victim by a stranger, requisites that usually do not appear in the rape cases.

In real life, victims of rape are not often aware of having been raped.

Although it is possible to interpret the law according with the human fundamental rights of women to sexual freedom and sexual self-determination, and so identifying the concept of rape with lack of consent or unfree consent to sexual acts, courts often demand victims the burden of resistance or a acts of physical aggression against the perpetrator in order to consider that a rape has been practiced. This burden of proof is demanded by courts even if the victim is a woman by the end of the pregnancy period (RP 13-04-2011) or a girl of fourteen years old abused by his own father (RG 16-03-2009).

3. The definition of rape as a question of human rights and as an instrument to enhance the social awareness of women's sexual freedom

There is a need for a legal change in order to punish rape as it is in the real life of women.

It is an imperative of criminalization due to the protection that our Fundamental Law gives to human and fundamental rights. It is also demanded by the case law of the European Court of Human Rights (*M.C. versus Bulgária*)[18] and the Istanbul Convention[19].

[18] *M.C. versus Bulgária,* Decisão do TEDH, de 04-12-2003, Queixa n.º 39272/98, disponível *in* Netherlands Institute of Human Rights, Utrecht School of Law, ECHR M_C_ v_ Bulgaria Publication 2003-XII, consultado em Outubro de 2011.

[19] **Article 36 – Sexual violence, including rape**

1. Parties shall take the necessary legislative or other measures to ensure that the following intentional conducts are criminalised:
   a) engaging in non-consensual vaginal, anal or oral penetration of a sexual

In consequence, rape should be defined as lack of consent for sexual acts. The refusal of consent is communicated by words, for example, saying «no» or by non-verbal signs. Silence does not mean consent. Consent means active and free agreement to sexual acts usually indicated by some positive action. And the law should also stipulate, in order to avoid sexism in the interpretation of the facts of the case, that consent is freely revocable at any time during sexual contacts and relations.

This new concept brings benefits for victims' rights and for their psychological recovery.

The first and most important practical benefit is that victims can bring action against the perpetrator in cases that were not criminalized before and they do not have to fulfill the heavy burden of proof of resistance, fight or physical aggression against the perpetrator.

This new concept promotes a decrease of bias against victims in society and in the courtroom and a growing respect for women's human dignity, autonomy, integrity and sexual freedom.

It also promotes the psychological recovery of victims, because defining rape in a larger and opened manner contributes to the reduction or elimination of guilty feelings of victims and to the satisfaction of the victims' need for justice and repair.

Finally, the law, enhancing among women and men the consciousness of what rape is about, works as an important instrument in preventing sexual assaults and in reducing the invisibility and the silence around sexual violence. The criminal law can also function as a tool for the rise of criminal complaints of victims and for the conviction of perpetrators.

4. The private or public nature of rape

For centuries sexual violence had been conceived as a private matter of victims that was supposed to be silenced to protect them against social stigma and discrimination and to protect the privileges of rapists and, in general, of men, in patriarchal societies.

Rape, as the most violent of the sexual crimes punished by the criminal law, is a «private crime» because the state can only prosecute the perpetrator, if the victim submits a complaint. In result of this, together with the strict legal definition and the social tradition of silence, there are very few complaints in Portugal.

It means that the transformation of rape in a public crime, that the prosecutor can investigate and accuse without a formal complaint of the victim, can cause an increase in the reports of acts of sexual violence as it happened in the pass with the crime of domestic violence.

Society has communicated women for centuries that rape is a private matter with which they should deal alone. This circumstance has permitted rapists to live in impunity and has promoted the invisibility of rape and of the psychological damages caused to women.

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b) nature of the body of another person with any bodily part or object;
c) engaging in other non-consensual acts of a sexual nature with a person;
d) causing another person to engage in non-consensual acts of a sexual nature with a third person.

2. Consent must be given voluntarily as the result of the person's free will assessed in the context of the surrounding circumstances.
3. Parties shall take the necessary legislative or other measures to ensure that the provisions of paragraph 1 also apply to acts committed against former or current spouses or partners as recognised by internal law.

Women's fundamental rights to sexual freedom and sexual self-determination are inalienable rights whose protection and promotion falls to the State to guarantee.

The majority of victims of rape are young women or girls that do not denounce the crime due to the psychological effects of victimization: post traumatic disorder, guilty feelings, helplessness, fear and shame, the family or relational context of the rape, the social high status of the rapist, threats from the perpetrator and the risk of revenge. Rape is also a stage in the domestic violence cycle and it creates the victims' loss of self-determination and self-esteem that impedes them, together with the culture of victim's blame, to report.

In Lisbon, a 1989 victimization survey revealed that only 5% of the women who reported sexual victimization have denounced the crime to authorities (Almeida,1993:105). In Germany, a 2003 survey, which interviewed a representative group of women (10,264) aged between 16 and 85, revealed that 13% of the women have been victims of at least one incident of sexual violence (rape, attempted rape or sexual coercion) and among those who have been victims of sexual violence only 8% have been lodged a complaint with the authorities, and, in about half of the cases, the aggressor was a husband/marital partner, or an ex-partner/ex-husband (Temkin/Krahém, 2008: 13).

Rape does not belong to the private or family life of women. This is a matter of public interest, whose investigation and punishment is a State responsibility. In this context, the feminist maxim «the private is public; the personal is politic» is valid.

The criminal prosecution of perpetrators is an essential contribution to gender equality and to a social environment in which the fundamental rights of women are respected. It also enhances the social reprobation for sexual crimes and the social support to victims.

The State must assume a commitment with women in order to prosecute rapists, without leaving women with the hard decision of bringing action against the perpetrator or not.

The public nature of rape also communicates rapists and potential rapists the message that silence around sexual violence will terminate and that they will be accused and criminally punished by their acts. It plays an important role in achieving the aim of general prevention, dissuading potential rapists from acts of sexual violence, and promotes the involvement of the public authorities in the criminal investigation as well as the victims' participation in the criminal proceeding. Victims are now protected by special rules and rights related to testimony, security, and psychological support during the criminal procedure that permits to avoid the secondary victimization caused by the participation in the criminal proceeding. For this scope the Portuguese State is obliged by European Directives and by the Istanbul Convention to have a special body of specialized professionals to assist victims and to create accessible rape crisis or sexual violence referral centers for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling for victims (article 25.º of Istanbul Convention).

Biographic Notes

Clara Sottomayor

- Counsellor Judge at the Supreme Court of Justice since September 2012.
- Was lecturer at the Law School of the Catholic University of Oporto, from October 1989 to September 2012.
- Has a PHD degree on Civil Law, since March 2009.
- Is the author of two monographs "*Regulating the exercise of parental responsibilities in divorce cases*" (5th edition) and "*Invalidity and Registration. The Protection of the bona fide third party*", as well as, several articles published in legal journals, namely, on family law and children's rights, women's rights, contracts and liabilities.

PLENARY SESSION

How does European NGO platforms assess the situation in the EU?

ACTING AGAINST RAPE, BUILDING A CULTURE OF RIGHTS

Author

Colette De Troy (EWL Observatory on Violence against Women[20], BE)

The story of Artemisia Gentileschi, born in Rome on 1593, is known as the first public trial on rape of the "modern times". While in the seventeenth century, women were far from to be considered equal and have access to profession and cultural creation, Artemisia was introduced to painting in her father's atelier. Recognising her talent, her father gave her a tutor, Tassi, who taught Artemisia drawing and perspective, and raped her when she was about 17. After the initial rape, Artemisia continued to have sexual relations with her rapist, with the expectation that Tassi would marry her and "with the hope to restore her dignity and her future". When it became clear that the marriage would not happen, her father pressed charges against Tassi, who was sentenced to imprisonment for one year, although he never served the time.

This happened in the 17th century, but this story is interesting as it allow us to measure what has changed (or not) regarding rape in our present situation in a Europe of formal equality between women and men and human rights.

Although in the last 20 years the issue of male violence against women has gained increased attention on the political scene, rape still remains a "forgotten" issue in Europe. Sexual violence against women is one of the most brutal forms of gender-based violence, while at the same time being very much a taboo subject. Therefore, it is crucial for the EWL to improve awareness of the importance and scale of such forms of male violence against women.

Last year, we produced the 2013 Barometer on rape as a form of sexual violence criminalised in all national legislation. While this facilitates European comparison, we also choose this issue for a more strategic reason: the general lack of data hides the extent of rape of women and the critical need to prevent and support the victims and survivors as well as prosecute and sanction rapists.

With the EWL Barometer on rape, we wanted to remedy this invisibility, and thus highlighting the problems related to the legislation; the lack of data and the gaps in services for/appropriate structures to support victims.

The Barometer comes at a key time with regards to European policy developments on violence against women. The major breakthrough is the signature of the Council of Europe Convention on combating and preventing violence against women and domestic violence (Istanbul Convention). Still in the process of ratification, the convention sets the minimum standards for comprehensive policies on many forms of violence against women, recognising that "violence against women is deeply rooted in women's inequality in society and is perpetuated by a culture of tolerance and denial".

Most countries belonging to the Council of Europe have signed the Istanbul Convention and are now in the process of ratification. By ratifying it, state parties are legally bound to respect the standards included in the convention, and possibly change their penal code or measures to adhere to the text of the convention. We

[20] *The EWL is the largest umbrella organisation of women's associations in the European Union (EU), working to promote women's rights and equality between women and men. EWL membership extends to organisations in 31 EU member states and candidate countries, as well as to 21 European-wide bodies, representing a total of more than 2500 organisations. The Observatory is a central component of the EWL and is instrumental in maintaining a global perspective on violence against women, in identifying critical and emerging issues, and in monitoring progress in combating violence against women at the national, EU, and international level.*

sought to uncover how the countries of Europe are performing in relation to legislation on rape and data collection - and whether they are ready to implement the convention.

The Barometer delivers two grades for each country: one on the legislation on rape, both as it is in the text and in relation to the Istanbul Convention definition and the second grade evaluates existing data available on women victims of rape.

1. Legislation

The Barometer clearly highlights that most of the countries should improve their legislation on rape to include the standards of the Istanbul Convention, as a large majority (21/32) of experts state that their legislation still lacks the elements needed that would enable it to comply with the Istanbul Convention (grade 1). This is mainly because force or intimidation remains the essential elements defining and determining rape and sexual abuses. In many national legislations, investigation and prosecution depend on the victim's complaint. If the victim refuses to support the prosecution, the case will be dropped. The main risk of such a provision is that the victim may waive the complaint under pressure from the perpetrator. Taking this into account, and considering the emotional complexity of criminal proceedings for the victim - including pressure from the perpetrator - the majority of rape cases stay under-reported or do not reach the court.

Legislation on sexual violence, including rape, is slowly reflecting societal changes, in particular concerning the criminalisation of marital rape in most of the European countries. However, today's legislation is still marked by historical biases. Historically, sexual crimes tended to be addressed through the problematic frameworks of morality, public decency and honour, and were viewed as a crime against the family or society, rather than as a violation of an individual's bodily integrity. The most basic definition of rape has evolved in a different direction in recent decades, from a force-based definition with requirement of proof of resistance, to a sexual act committed against non-consenting person. However, the EWL Barometer highlights how the concept of force is still prevalent in the legal definition of rape across Europe.

The Istanbul Convention states clearly that a non-consensual act of sexual nature is violence and should be criminalised (Article 36). The consent, and not the use of force, is the constituent element of the crime.

For six (6) countries (Bulgaria, Hungary, Lithuania, Malta, Serbia, and Ukraine), legislation is far below the minimum standards, i.e. grade zero. Examples of key concerns are: The reference to sexual morals in the legislation (Hungary); the definition of rape as a crime against the 'Peace and Honour of Families' (Malta); the possibility for the perpetrator to avoid sanction if he marries the woman before the sentence is carried out (Bulgaria); the lack of criminalization of marital rape (Lithuania).

Only five (5) countries have legislation corresponding to the minimum standards or standards that exceed this minimum, i.e. grade 2 and 3: Ireland, Italy, Turkey, the Netherlands and the UK (Scotland, Northern Ireland and Wales & England).

2. A general lack of data

The other important aspect we wanted to monitor with this Barometer is the collection of gender disaggregated data. Available data on women victims of rape is scant and of poor quality: with few exceptions, information on women victims for reported rapes is non-existent. The police and judicial systems, when recording the cases, do not publish or even collect gender disaggregated data.

From previous research, large scale surveys and the experience of NGOs working with victims/survivors of sexual violence, we know that only a small number of rapes are reported to the police compared to the real numbers of rapes[21]. Many factors influence the decision to report the crime to the police: fear of re-victimisation, shame, lack of trust in the justice system (fear and belief that it will not bring tangible results), trauma, or the close links with the perpetrator.

3. On lack of services

In the EWL Barometer we added a question related to useful contacts for victims/survivors in each of the countries. In so doing, the lack of these services has once again, become apparent. In the majority of countries (18), there are NO specific services and/or special help lines for women victims of rape. And everywhere, experts denounce resources dedicated to dealing with this matter, which are insufficient at best and derisory to inexistent at worst. This needs further attention and investment to ensure easily accessible rape crisis referral centres; support and counselling for survivors of rape exist in every country. This is very far from the situation we have right now.

Legislation is not enough and has to be implemented. This requires an understanding of the phenomenon and the political will to dedicate all the means necessary to ensure justice is reached for the survivors of rape. Experts of the EWL Observatory often comment how the challenge remains getting rape cases to court in the first place. They stress the lack of information available to victims, but also the myths and stereotypes still prevalent among police, prosecutors and judges. Hence, women often face additional risk when reporting rape to the authorities, and there is often no guarantee that they will be treated respectfully by the judicial system.

Building a culture of rights

What has changed since Artemisia? Let us just examine some of the parallels. As from the seventeen century, legislation on rape exists in all countries of Europe. But still, it has to be improved: The Istanbul Convention specifies that "Consent must be given voluntarily as the result of the person's free will assessed in the context of the surrounding circumstances" (Article 36). This substantiates the need to go beyond minimalist notions of consent, towards a possible notion of 'consent+' that integrates societal and contextual considerations of inequality and power. As for Artemisia, the rapist is mostly someone known, and denouncing the sexual aggression is difficult. During the trial, Artemisia was subjected to a gynecological examination and torture using thumbscrews to verify her testimony. Specialised and integrated services for the victims of sexual violence during criminal proceedings are generally lacking, contributing to secondary victimisation: they are still asked about their sexual preferences, sexual history.

Prevalent prejudices, stereotypes, myths surrounding sexual violence make reporting and convictions more difficult and allows perpetrators to act with impunity and contribute to environment where violence is tolerated.

Patriarchy persists and frames the whole system within which legitimatises women's inferiority and the oppression of women's rights. We have laws protecting and promoting the equality between women and men, but we still see so much sexism and violence. Stereotypes seek to constrain women's roles in work and at home, in society and politics, in sport and culture, everywhere. The general culture and media promotes the sexualisation/objectification of women and girls. The digital technology represents new spaces of violence and oppression for women, as we can see with the high level of cyber-harassment.

[21] References at European level indicate that between 2% and 10% of rapes are reported.

Change is needed. The Council of Europe Convention on Combating and Preventing violence against women is an important tool to improve legislation and policies on violence against women. It will also bring more awareness on the needs to promote a culture of equality, intrinsically linked with the prevention of male violence against women.

Women and girls in Europe are now actively present in all spheres of society, from education to employment, in political and business decision-making, expressing their views as artists, journalists, researchers, or community leaders. A new generation of young feminists is mobilising widely, using new communication technologies, dynamically tackling new and old forms of violations of their rights, and building global solidarity. Events and campaigns are taking place in different countries, giving life to a renewed women's social movement. Together, we must contribute to make it concrete; we are bringing the change and building a culture of equal rights for all, women and men.

Biographic Notes

Colette De Troy is the Director of the EWL Observatory on Violence against Women which brings together more than 30 experts from EU Member States, accession and neighbouring countries with extensive expertise on VAW. Colette joined the EWL in 1998 and has supported and developed the EWL Observatory, and built alliances with other international organisations working on VAW. Within the EWL, Colette has also managed transnational projects, including the EU study on mapping data and resources on sexual violence (2011) for the European Gender Equality Institute. Before joining the EWL, Colette worked as a co-director of a women's co-operative on research and information on women in Europe, and her experience includes work at grassroots level (NGO of young migrant women); research and training. She is a sociologist and criminologist by profession. She is active in several women's organisations, including Equality Now, from which she is co-chair since 2013.

HELP AND PROTECTION FOR WOMEN SURVIVORS OF VIOLENCE IN EUROPE – A HUMAN RIGHTS OF A POST CODE LOTTERY?

Author

Rosa Logar (Women Against Violence Europe, AT)

Biographic Notes

ROSA LOGAR co-founder and president of the European Network Women Against Violence Europe (WAVE); Executive Director of the Domestic Violence Intervention Program Vienna, a victim/survivor service established with the Austrian Domestic Violence Act (1997); co-founder of the first women's shelter in Austria (1978); lecturer at the University of Applied Sciences/Department of Social Work. Selection of international activities: member of the EU research project Coordination Action on Human Rights Violations CAHRV (2004-2006); member of the UN Expert Group Meeting Good practices in legislation on violence against women (2008); member of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (2006-2008) and representative of the Austrian Government in the Ad Hoc Committee on Preventing and Combating Violence against Women and Domestic Violence (2008-2010), which drafted the new Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011).

PARALLEL SESSION

Survivors Voice and Empowerment

PEER-TO-PEER SUPPORT ON THE INTERNET

Author

Sara Parding, Communications Officer (The Sexual Assault Centre, Aarhus University Hospital, DK)

Introduction

Many survivors of rape do not seek help. Among the ones who do, there is often still a feeling of being alone. Our questions were: How do we reach the ones that do not seek help? How do we create a forum for meeting others when most clients are in individual therapy?

A web based community could perhaps meet some of the needs of the survivors. In 2011, the Sexual Assault Centres in Aarhus and in Copenhagen therefore started the community www.seksuelleovergreb-netvaerk.dk (*sexual-assault-network.dk*) in cooperation with the Danish public e-Health portal *sundhed.dk* and the Danish Regions. The community was started alongside several other communities addressing different groups of patients (e.g. cervical cancer).

The community is public, and anyone can see what is written. The users must, however, be registered if they wish to write entries. All registered users are anonymous. Apart from sharing your own experiences and commenting on other users' entries, the community also offers an "Ask professionals" function, and there are pages with facts about rape and information on how to get help after an assault.

Today the community has 330 registered users, but it is visited by approximately 430 people each month. The statistics show that 59 % of the visitors are newcomers, while 41% has visited the community before. Hence, it is obvious that the community is used not only by registered users, but also by non registered users. The average user reads 3.6 pages while visiting the community.

The start-up phase

In order to get the community started, letters were sent out to a number of our former clients who where assessed to be well functioning. The clients were asked to register as users of the community and to greet newcomers. The centre also formulated a question from a "boyfriend" and published it in the "Ask professionals" section in order to make this function more visible to new users. A leaflet with information about the community was (and still is) handed out to all our clients. To make the community known to a larger audience, a press release, was issued and advertisements were published in magazines.

The daily work

The daily maintenance of the community consists of answering the "questions to professionals", publishing relevant news and checking the new entries from the users in order to make sure no offensive remarks are published.

Another important task is making sure the community is known to potential new users, as constant recruitment of new users is necessary in order to keep the community functioning. This is mostly done by handing out leaflets to clients, by making the community visible on the centres' web page and by search engine optimization.

Benefits

There are several possible benefits for both active users and readers, such as:

- Reduced feeling of being alone
- Feeling of being understood and supported
- Insight into the situation of other survivors

Active users can also benefit by:

- Sharing their own story
- A feeling of helping others when commenting on the entries of other users.
- Anonymous contact to professionals (e.g. a psychologist)

Eli's story

I would like to show you an example of what the community can do: In July this year "Eli" wrote an entry at the community. Eli writes that she is confused about what has happened and that she hasn't been able to sleep and that her stomach hurts. She continues by telling us that she was on her way home Saturday night with someone, whom she thought was her friend. She tells us about how he abused her, about her feelings (shame and guilt among others) and about her doubt (is this rape or not?). Finally she writes that she has not told anyone about it.

This is the first time, Eli tells anyone about what has happened. She has not told her family or friends. She has not sought help. The only one she confides in at this point is the community.

The same day Eli gets her first response. It is from the signature "Lykkestjerne". It starts:
"Dear Eli, I'm so sorry to hear that this has happened to you". Lykkestjerne continues by saying it is rape, that it is not Eli's fault, and she encourages Eli both to tell someone among her family/friends and to seek professional help. Lykkestjerne also writes "You're welcome to write to me if it is easier for you to 'talk' with someone who knows how it feels. I promise I will listen."

A couple of days later, Eli gets another response from "Maxi", saying: "Someone I trusted tried to rape me four weeks ago…". And then Maxi tells Eli about the help she has received and recommends that Eli should seek help. She concludes: "Telling it doesn't make it disappear right away, but it helps".

Eli gets four more responses. All the responses are supportive. All the users share their own experiences and feelings saying something along the lines of: "I have been there. I know how you feel". They show Eli that she is not alone in what has happened to her and that she is not alone in her feelings afterwards. And they all encourage Eli to tell someone she trusts and to seek professional help. The other users of the community gives Eli something that we – the professionals – cannot give her, and they help her, even though she is not ready to tell someone face to face. This is the community when it works.

Challenges

But a web based community also gives rise to a number of challenges such as:

- Sometimes an entry is left uncommented for weeks or never receives a reply. The user might then be left feeling even more alone than before confiding in the community.

- A certain number of active users are required, both in order to lessen the risk of entries being uncommented and in order for the community to be dynamic and ”alive”. As users are usually active only for a period of time, new users must be recruited constantly.
- In written communication there is a risk of misunderstandings, both in the peer-to-peer contact and in the questions to professionals.
- How to compete with other communities such as Facebook, which the survivors of rape already use in their day-to-day lives, but which do not offer the same professional help or protection of privacy.

In conclusion

A web based community can offer support and relief for survivors of sexual assault that they might not get otherwise. Both active and passive users benefit and it is therefore important not to measure success by activity only. It is, though, necessary with quite a number of active users for the community to function. When starting a community it is consequently necessary to consider both how to find survivors that want to help in the beginning and how constantly to recruit new users.

Biographic Note

Sara Parding has a MA n Political Science and Gender Studies. She has been a communications officer at the Sexual Assault Centre at Aarhus University in Denmark since 2007.

WOMEN'S VOICES: REPETITIVE NON-STATE TORTURE (NST) RAPES, ITS IMPACT, AND RECLAIMING RELATIONSHIP WITH SELF

Presented by

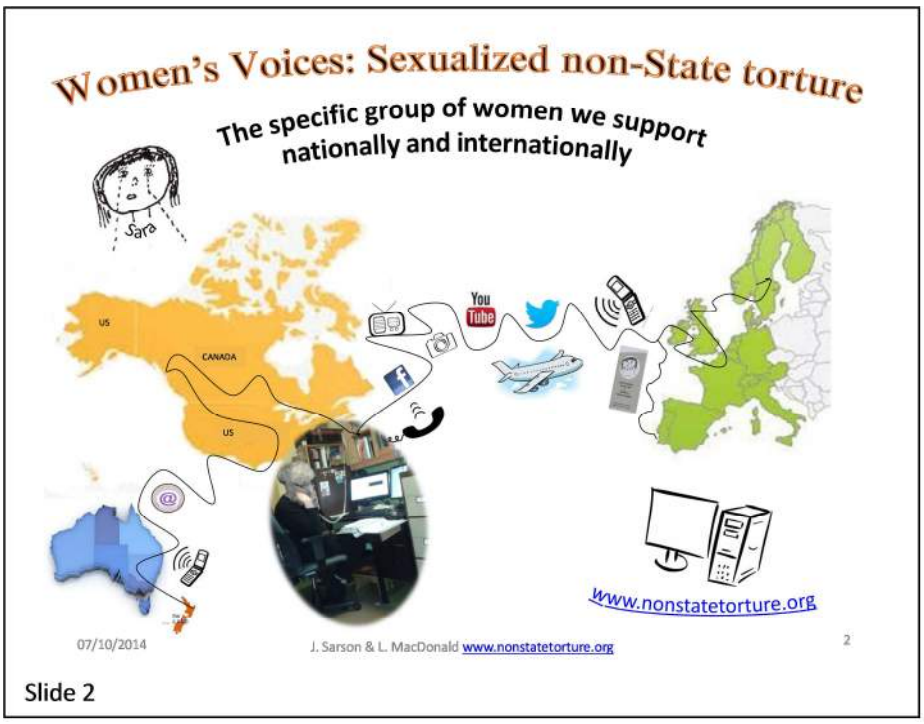
Jeanne Sarson, MEd, BScN, RN (Persons Against Non-State Torture, CA)
Linda MacDonald, MEd, BN, RN (Persons Against Non-State Torture, CA)

Our presentation, *Women's Voices: Repetitive Non-State Torture (NST) Rapes, Its Impact, and Reclaiming Relationship with Self*, shares a brief insight into our over 20 years of supporting mainly women who detailed their survival of torture perpetrated primarily by parents, other family members, parents' friends, guardians, and spouses. These perpetrators also acted as traffickers and pimps, as well as organized connections to other like-minded persons or groups within their communities, their nations, or internationally. Women speak of the forced prostitution they endured and of johns or punters demand for them as children trained to withstand sexualized torture. The women come from our country of Canada and from the US, the UK, Western Europe, Israel, Australia, and New Zealand. They all disclose very similar stories of torture within intimate relationships.

Slide 1

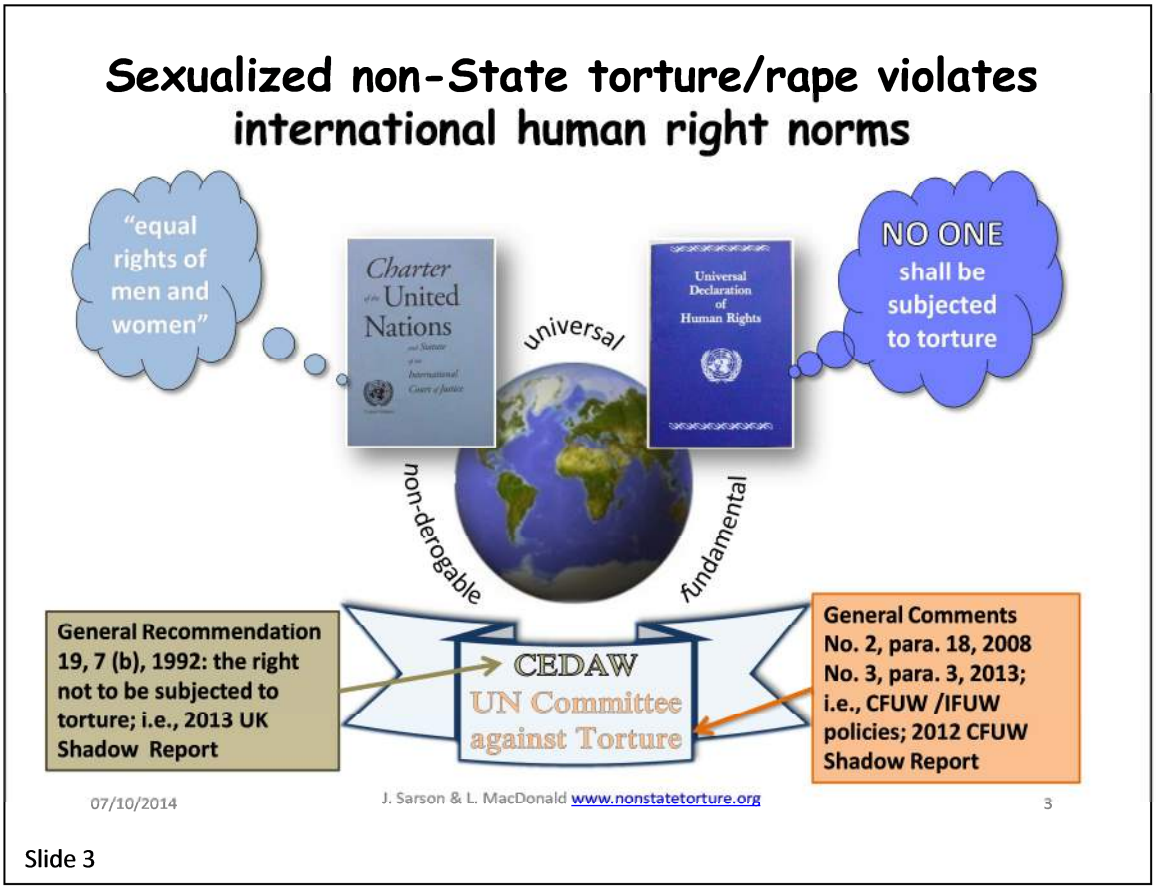
Jeanne & Linda, 2014

Slide 2, is an illustration of the many ways we communicate, connect, and support women from various Western European countries. We offer extended support for a very limited number of people; however, we are contacted for consultations, for information and resources which we have developed and placed on our website. One example of a resource is the



Slide 2

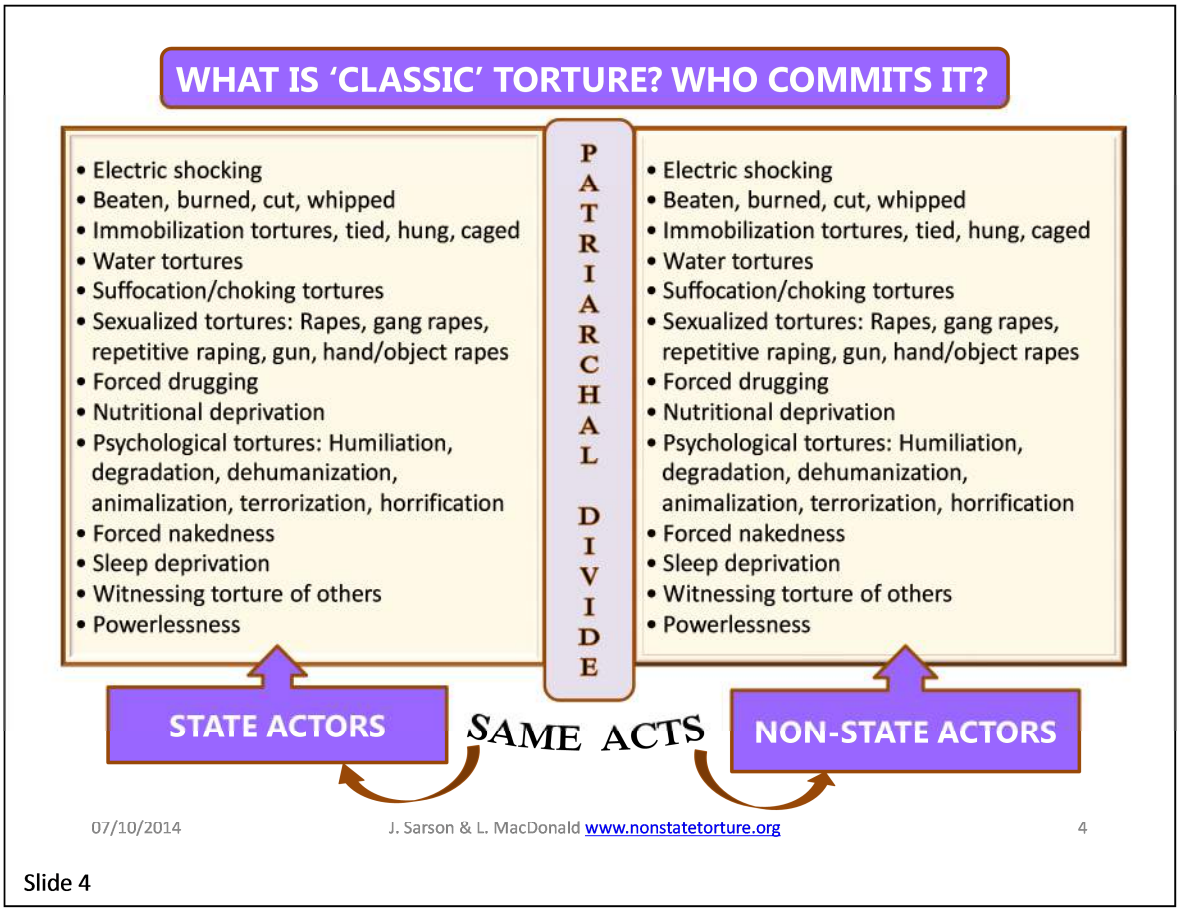
pamphlet (rectangular shape) shown on this slide entitled, *Sexualized Torture & Human Trafficking*. It can be freely downloaded, and is linked here in English and Spanish. Other information is available in our published writings and in videos such as our YouTube Vagina Monologue entitled *Two women talking: Vagina torture*. Linda is constantly posting on Facebook and Twitter. The image of the radio represents the CBC documentary *Hidden Horrors* about our work by reporter Angela McIvor, aired on the program Atlantic Voice. It also featured several women telling their stories, one woman from our Canadian province of Nova Scotia and one from the UK.



Slide 3

Side 3 presents several United Nations (UN) human right instruments that address the equal universal, fundamental, and non-derogable human right of women and men not to be subjected to torture.[22] This right is stated as article 5 in the UN Universal Declaration of Human Rights. Under the image of the planet is reference to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), drawing attention to its General Recommendation 19 on violence against women and our contribution to the UK shadow report. Also referenced is the UN Committee against Torture and its General Comments which speak to the reality that there are forms of gender-based violence that amounts to torture by non-State actors (paragraph 18, General Comment 2) and that family members can be torturers (paragraph 3, General Comment 3). We presented the CFUW Shadow Report to the UN Committee against Torture.

[22] This slide is an adaption from a slide in a paper by Sarson, J. (2013, August 18). *Plenary Session: IFUW Advocacy and the United Nations Case Study: Are Women and Girls "No One"? Non-State Torture and the Committee against Torture*. Presented at the International Federation of University Women (IFUW) Triennial Conference, Kadir Has University, Istanbul, Turkey. http://nonstatetorture.org/files/3913/7652/8989/PLENARYSESSION.pdf

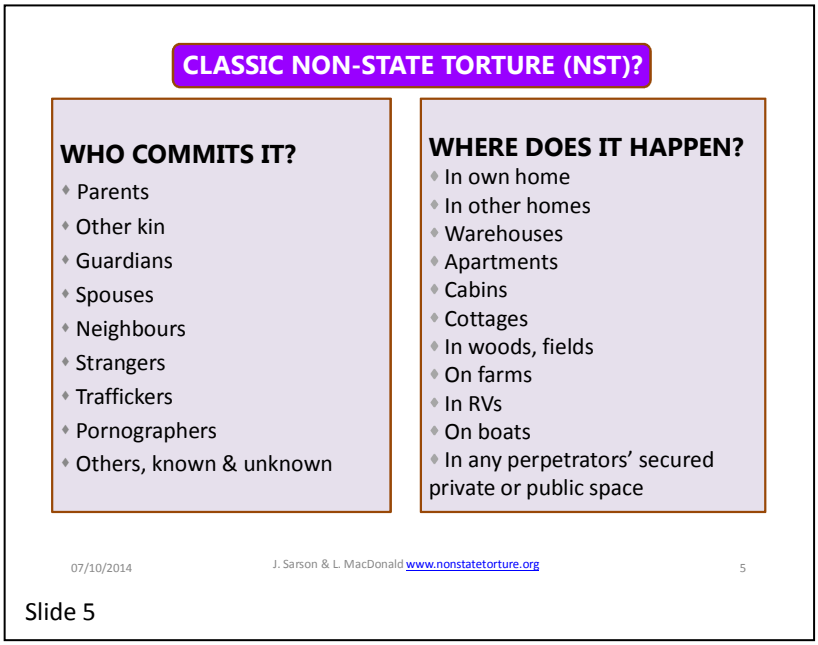


Slide 4

Slide 4 lists similar acts of 'classic' torture that are inflicted by State actors which refers to government officials such as military or police and by non-State actors such as parents, other family members, guardians, or spouses.[23] The term classic torture is used because it is the term commonly associated with identifying the torture tactics inflicted by State actors. Our experience indicates that similar non-State torture tactics including predominately sexualized torture rapes are seldom equally identified as torture when perpetrated by non-State actors including by pimps and johns or punters. Country laws may be discriminatory in that only torture by State actors is criminalized but torture by non-State actors is not equally criminalized. For example, in Canada non-State torture is not identified as a specific crime; in France torture is identified as occurring, for instance, in human trafficking, therefore criminally acknowledging non-State torture occurs.

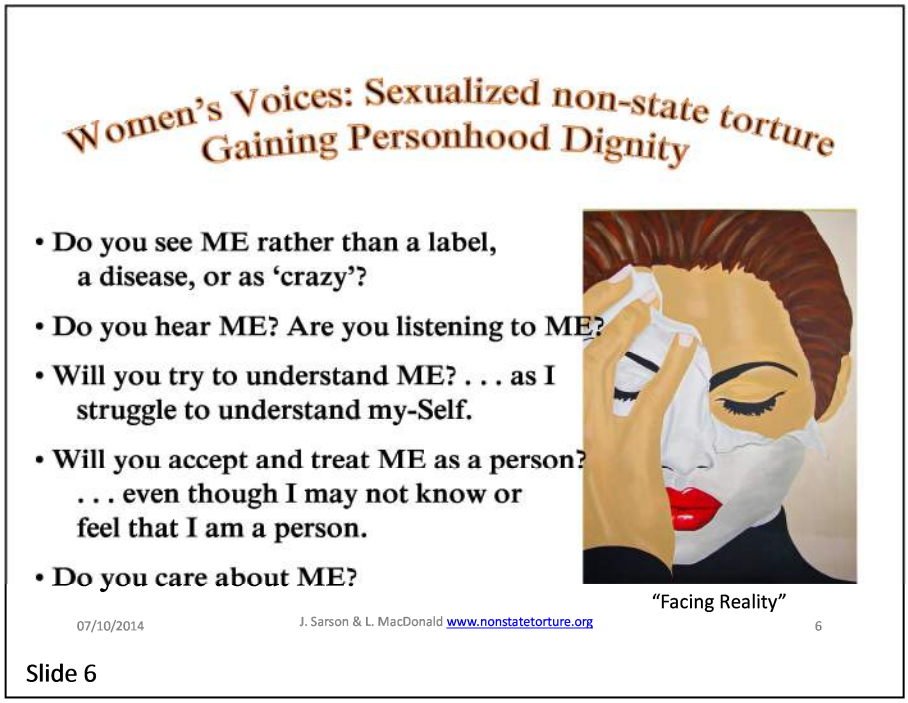
[23] Slide 4 is adapted from Sarson, J., & MacDonald, L. (2009, Winter). Torturing by non-State actors invisibilized, a patriarchal divide and spillover violence from the military sphere into the domestic sphere. *Peace Studies Journal*, 2(2), 16-38. http://issuu.com/icasonlinepublications/docs/psjvol2issue2/20

Slide 5 provides a brief list of who the non-State torturers can be and the places in the private or public spaces where they perpetrate. Based on our experience parents also function as pimps and traffickers of their own children. They also use their own home as a safe place in which to hold 'torture parties'; this is a term women often use to define the non-State torture trafficking endured during childhood.



Slide 5

Slide 6 presents important steps in genuinely connecting with women who speak of sexualized non-State torture rapes. Women tell us they commonly feel carers primarily focus on their victimization versus on them as persons. This, they say, makes them feel invisible as persons. Women report this is re-victimizing and triggering because the non-State torturers always treated them as non-persons, as an "it", as "a nothing". To promote personhood dignity anti-violence workers need attitudes that ensure that victimized women experience being acknowledged first and foremost as persons, secondly as persons who have suffered severe violations of their human rights. The painting illustrates the need for women to remove the mask that covers-up the trauma, hurt, and Self-harmful responses so they can replace these with a caring relationship with Self.[24]

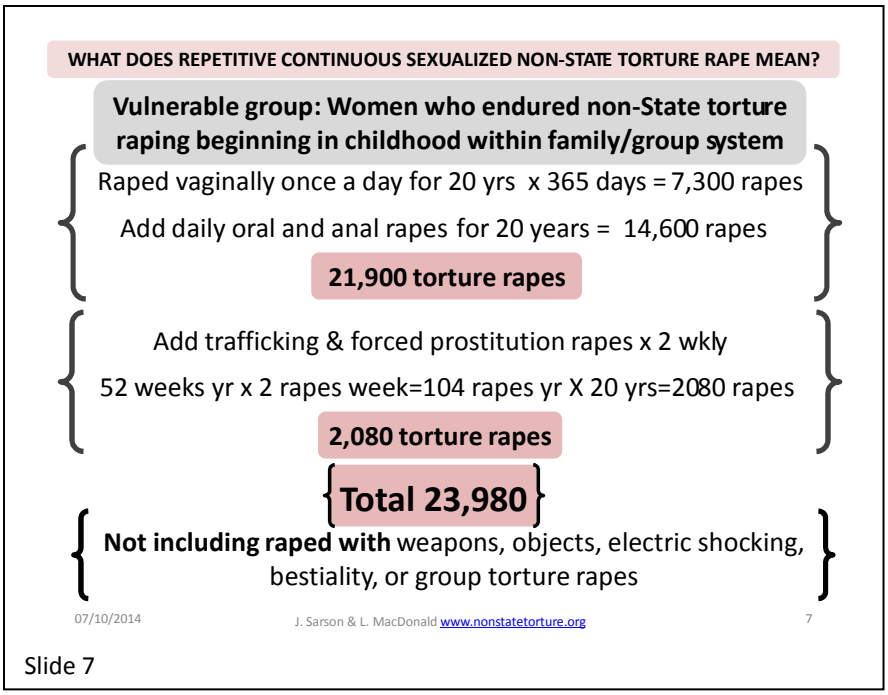


"Facing Reality"

Slide 6

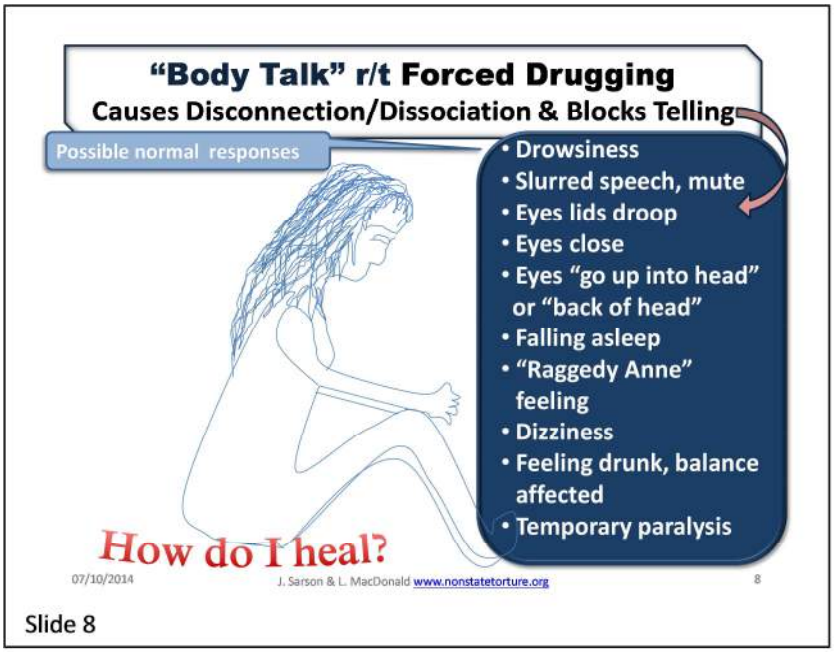
[24] "Facing Reality" was created by artist Alexandra Lane (A.K. Lane) as commissioned by Mark Gerhardt, October, 2010, displayed at Transformations; email permission to share with others.

Slide 7 presents the reality of what repetitive continuous sexualized non-State torture rape victimization means. This is necessary so women's suffering and how they express their victimization will be understood and appropriate care provided.



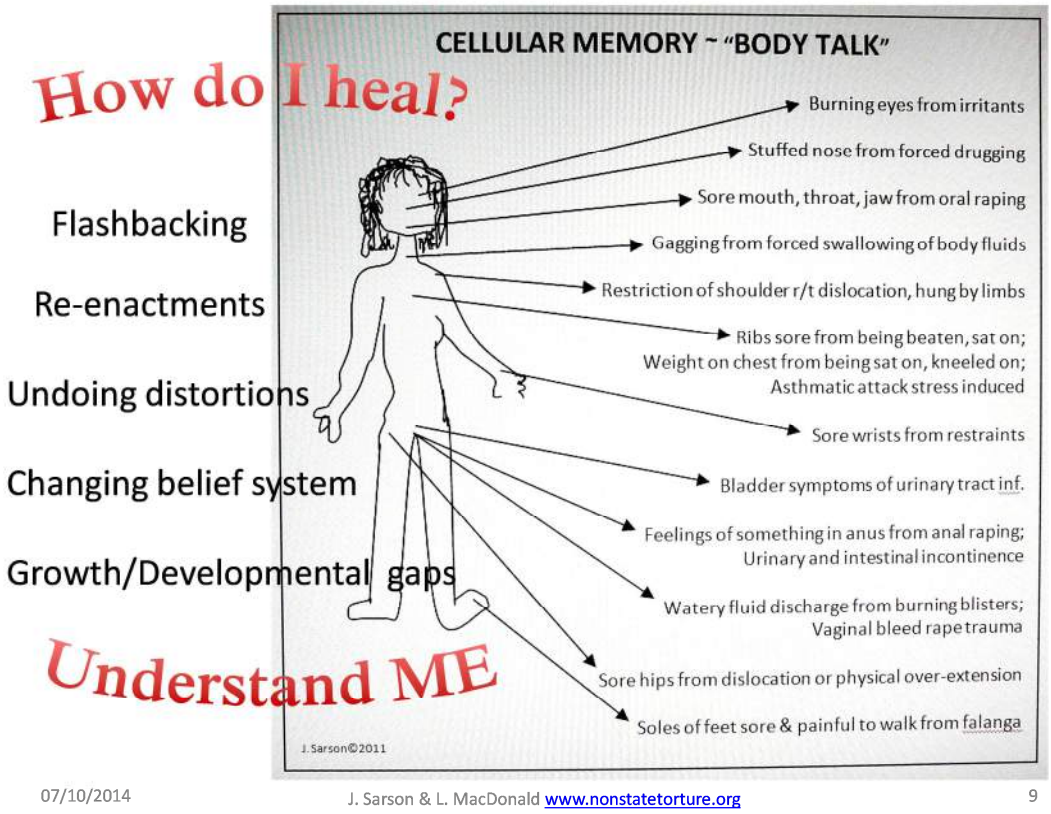
Slide 7

Slide 8 is included because women report forced drugging (chemical torture) suffered from the time they were very young children.[25] When women are attempting to tell what they endured drugging re-enactments can occur. Common responses are listed. Women require support to overcome these responses. For example, call them by name; ask them to keep their eyes open, to move their hands, to focus on an object in the room, to note the color of the wall, and to increase their sense of safety tell them they will be okay. Overtime this re-enactment response to telling can be overcome.



Slide 8

[25] Sarson, J., & MacDonald, L. (2011, September 11). Sexualized torture in the domestic/private sphere and 'body talk: A human rights and relational feminist paradigm. Paper presented at the Sexual Violence Conference, Middlesex University, London, UK. http://nonstatetorture.org/files/6513/5189/0549/SexualViolenceConferencepaperwebsite.pdf



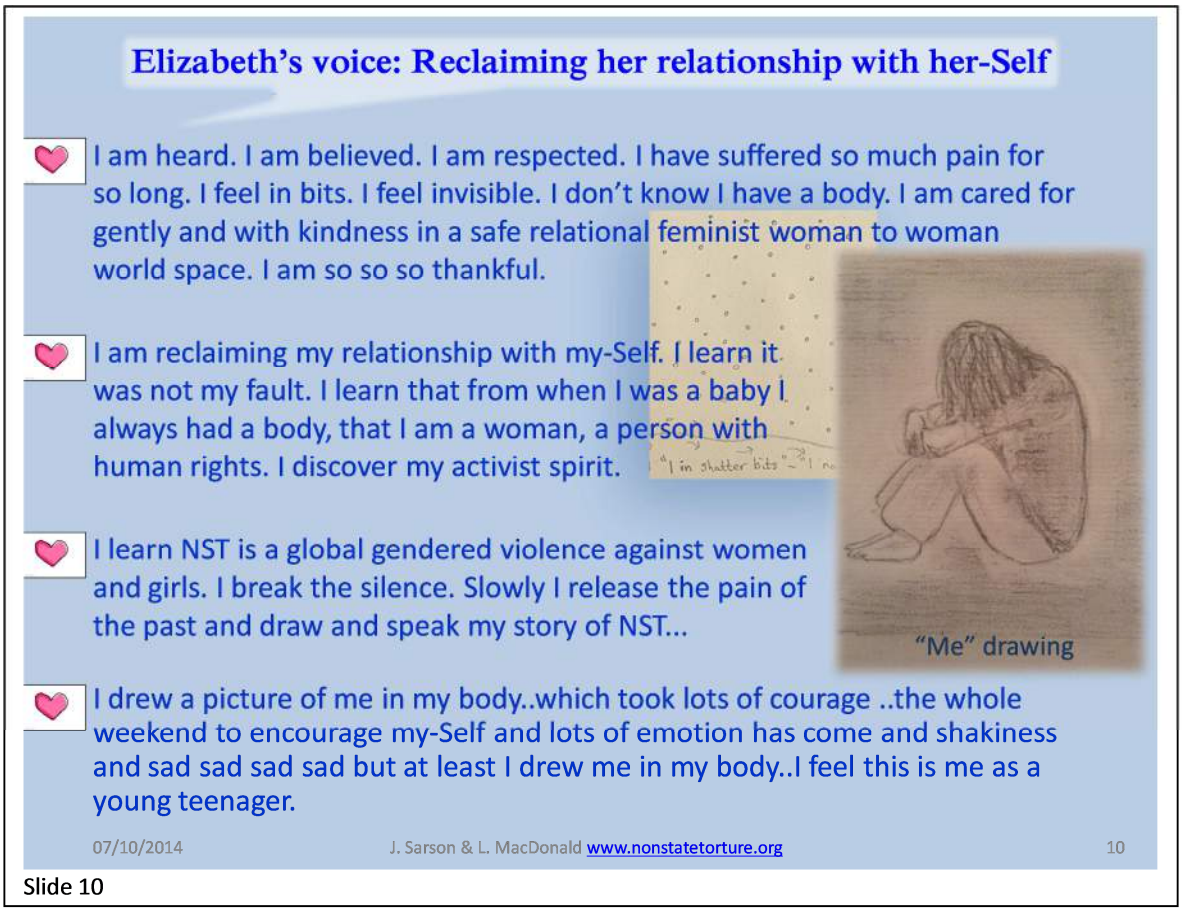
Slide 9

Slide 9 is shared to illustrate how past non-State torture harms can become re-remembered and re-expressed as present day responses.[26] We call these cellular memory responses "body talk". Healing work is difficult and painful. It can include flashbacks and re-enactments of how a woman experienced her body being violated. Childhood victimization can distort Self perceptions and belief systems. For example, women tell us they developed beliefs that normalized sexualized torture and being taken to "torture parties". Being treated as objects and with inhumanity meant that relational bonding with parents was not possible and, for instance, when hurt it was dangerous to cry thus emotional feelings became distanced and dissociated. These experiential ordeals create growth and developmental gaps which need to be addressed so women's responses to having survived non-State torture will be understood and NST informed care will be received as women work towards healing.

Slide 10 is the inclusion of Elizabeth's Voice.[27] Elizabeth is a Western European woman who speaks of non-State torture and torture rapes endured since her earliest of memories. She speaks of the painful process of healing work to reclaim her relationship with her-Self. Elizabeth shares two of her drawings to illustrate how she has healed from perceiving and conceptualizing her-Self in bits to having a real body. She wants others to increasingly understand the devastating consequences of non-State torture, predominately sexualized non-State torture, and to acknowledge that non-State torture is a specific form of violence against women and girls that requires NST informed care.

[26] Ibid.

[27] Elizabeth's statements and a "Me" drawing submitted September 23, 2014. The "I in shatter bits" drawing is from August 15, 2010.



Slide 10

Biographic Note

Jeanne Sarson and ***Linda MacDonald*** have spent over 20 years grass root supporting, writing, educating, and defending the human right of persons, mainly women, who have suffered classic non-State torture victimization and manage their website: www.nonstatetorture.org. A recent Canadian Broadcasting Corporation (CBC) radio documentary was aired about their work. It included two women speaking about their non-State torture victimization; one woman from their Canadian home province of Nova Scotia and one woman from the UK. Over the past 10 years they have organized and been panelists on parallel events at the United Nations Commission of the Status of Women, New York City.

As members of the non-governmental organization CFUW they appeared before the United Nations Committee against Torture to present the CFUW shadow report highlighting Canada's failure to acknowledge the need to specifically criminalize torture perpetrated by private persons/groups (non-State actors). Both have nursing backgrounds; both live with their life partners; both are mothers with sons and daughters.

FILM AS SELF-REPRESENTATION, SELF-ADVOCATE AND A HEALING TOOL FOR CHILD SEXUAL ASSAULT SURVIVORS

Authors

Dušica Popadić (Incest Trauma Center – Belgrade, RS)
Ljiljana Bogavac (Incest Trauma Center – Belgrade, RS)[28]

Background

The 6-year cycle of the playing of the movie "Have I told you I've been abused?", produced in 2009 by the Incest Trauma Center – Belgrade (ITC), is described here. It is about an outcome of bravery of a number of female survivors of CSA, former ITC clients, who had been receiving psychological counselling. This is a mockumentary with eight true testimonies of trauma and recovery of survivors (aged 22 to 40). Never before or afterwards has such a movie been made in Serbia, based on true stories of real women living here.

Aim

Overall aim: Raising Awareness on the Sexual Assault issue and Prevention Tool.
Specific aims: a) Therapeutic effect through self-representation and self-advocacy b) Healing tool.

Methods

The therapeutic effect of the whole process is significant because of female survivors' participation in every stage of the making the movie: ethical considerations and decision making by survivors on participation, planning and design, protecting confidentiality (whether to keep their own name or to take a pseudonym), organizing a self-help group and video recording (3 sessions, 8 hours), editing the transcript (96 pages), following and approving each stage of the process. It took 16 months to design the screenplay, prepare and perform the Theatre play that became an integral part of the movie and complete the final version of Film "Have I told you I've been abused?". Survivors actively participated in facing challenges with film professionals and female drama students. We decided for the mockumentary form – on one level, viewers follow true testimonies word by word, conveyed to them by female drama students in order to protect the confidentiality of the survivors' identity and on another, one follows the personal process of young actresses when learning their roles and the topic of child sexual assault itself. Regarding the latter, the majority of viewers later expressed they had identified, which helped them understand the topic. But also this process included survivors being part of premiere live screenings and promotional activities in 22 towns in Serbia and 4 countries in the Western Balkan (and again, protecting confidentiality), reviewing public (e-)feedback following the broadcast on national frequency TV, re-run 54 times upon viewers' request, as well as follow-up session that was held in October 2014 to obtain survivors' feedback on 6-year long cycle.

Results

In November 2008, the first performance of the Theatre play "Have I told you I've been abused?" was held. In May 2009, we had the premiere of the Film "Have I told you I've been abused?". In 2009, ITC held Promo Tour

[28] Both authors acted as self-help group facilitators and were in charge to guard the process of making the movie "Have I told you I've been abused?" (©ITC).

in 22 towns in Serbia and 4 countries in Western Balkans (at cinemas, campuses, penitentiaries, lgbt organizations, etc.). During the period 2009-2010, we noted the broadcast on 11 TV channels with a national and local frequency in 4 countries in Western Balkans. In April 2010, the survivors lived to see the moment when the movie was recognized by the State Excellence Award "for the special contribution to awareness raising on zero tolerance against sexual and gender-based violence" (the Award introduced on this occasion for 1st time ever in Serbia by the Ministry of Social Welfare). In 2012, ITC handed over the movie to the Council of Europe in Strasbourg for broadcast in member-states within "1 IN 5" European Campaign. Until now, upon viewers' request, re-run 54 times broadcasted in Serbia on national frequency TV. Film became part of standard teaching resources in secondary schools in Serbia (this is still a country with no systemic learning on gender-based violence issue within the national school curriculum and relevant textbooks). All is an extraordinary life situation where survivors – with maximal control in their hands - essentially influenced self-representation and self-advocacy.

Survivors emphasized the following experiences: 1. Focus on respecting survivors' boundaries during the whole process 2. Maximal control in their hands essentially influenced self-representation and self-advocacy 3. Taking over control over your own trauma 4. The film is a communication tool with survivors' families, friends, colleagues, etc. 5. The film helped disclosures to close ones and stimulated exchange within families 6. Breaking isolation – survivors have remained in touch to this day.

Conclusion

Above all, the movie demonstrates the fact that recovery after surviving sexual assault is possible.
6 years later, survivors said: "If we were to do it all over again, we would."

(Session held on October 04, 2014)

The survivors who gave their testimonies for the purpose of making "Have I told you I've been abused?" have kept in touch with ITC over the past 6 years. On one occasion, the contact was intensified in particular, and ITC was contacted by many more former clients / survivors. It was in 2013, when the Parliament of the Republic of Serbia adopted ITC Initiative FOR the rescinding of the Statute of Limitations concerning sex offences committed against children. With this historical change of legislation, Serbia became the second country in Europe, after UK, to legally recognize long-term effects of sexual trauma. By experienced knowledge, survivors praised this measure in the interest of recovery.

Briefly on ITC and download of film: ITC is a women's non-governmental organization, founded 21 years ago and the oldest service in Serbia specialized to provide psychological assistance to SA survivors and their supportive persons. The professionals were originally trained in the sphere of health and mental health. Since 2007, we have been running the national awareness raising campaign, and in 2012 ITC was appointed by the Council of Europe in Strasburg as the official national partner in the "1 IN 5" Campaign against CSA for the Republic of Serbia, based on the Lanzarote Convention. "Have I told you I've been abused?" (HDV format, 93 min., and original music composed) download at www.incesttraumacentar.org.rs . As the Copyright owner, ITC is willing to permit live screenings and TV broadcast upon written request submitted.

Biographic Notes

***Dušica Popadić*,** since 1994 she provides psychological counselling to adolescent and adult survivors of sexual assault and their supportive persons; Certified in supervision and training skills (NSPCC, UK) and accredited trainer in the field of gender-based violence and child protection. For Serbia, she has been co-ordinating the Council of Europe Campaign "1 IN 5", incl. the Initiative of the Incest Trauma Center – Belgrade to rescind the Statute of Limitations regarding sex offences against the child which was successfully adopted by Serbian Parliament in 2013; Present position: Director of the Incest Trauma Center – Belgrade.

***Ljiljana Bogavac*,** since 1994 at the Incest Trauma Center – Belgrade she provides psychological counselling to child survivors of sexual assault and their supportive persons; Leader of Crisis intervention team and Sexual Assault Prevention Program; Accreddited trainer in the field of gender-based violence and child protection; Expert-witness in the court in cases of criminal prosecution; Co-author of 4 national strategies in the field of gender-based violence and child protection. Present position: Deputy Director of the Incest Trauma Center – Belgrade.

SELF-HELP GROUPS FOR WOMEN SURVIVORS OF INTIMATE PARTNER VIOLENCE: AN ITALIAN EXPERIENCE

Authors

Francesca Esposito (ISPA-IU; BeFree Cooperativa Sociale contro tratta, violenza, discriminazioni, PT/IT)
Manuela Tomai (Dipartimento Psicologia Dinamica e Clinica, Sapienza Università di Roma, IT)

Abstract

Internationally, Intimate Partner Violence (IPV) is a serious social problem whose extent is difficult to quantify, being generally underestimated. In Italy, the only national survey on violence against women, dating back to 2007, highlighted that 14% of the women between 16 and 79 years living in Italy who are or have been in a relationship have experienced physical or sexual violence perpetrated by their current or previous partner. The pervasiveness of this phenomenon is also reflected in the growing number of cases of femicide (134), and attempted femicide (83) perpetrated by partners, spouses, or former partners during 2013.

In order to tackle this situation, feminist associations have been providing medical, psycho-social, and legal support to the victims, for many years. Individual-centered interventions are fundamental in the early stages of the process, when the woman is breaking the cycle of violence while starting to elaborate the feelings of pain, loss, and impotence. Afterwards, the promotion of woman's self-esteem and self-efficacy, the reconstruction of her social network, the promotion of the access to community resources, and the development of relations able to offer them various forms of social support become priority goals to achieve. In this view, it is useful to promote forms of self help among survivors. Self-help groups allow women to break the social isolation to which they have been confined, rebuild their social network, contextualize their experience in a wider socio-political and cultural dimension, reduce their self-perception as "victims", and promote the development of an identity as "survivors". Despite their potential, self-help groups are rare in Italy, while more common are the support groups facilitated by a professional.

This contribution presents a self-help experience under way since January 2011 in an anti-violence service of Rome. In addition to describing the experience and its transformation over time, the results of a collaborative research developed with some group's members are illustrated. The research aimed at understanding members' subjective view of the self-help group process (along its longitudinal development), their consideration of the efficacy factors; their perceptions of the self-help experience in terms of impacts on their quality of life. To this end, members' narratives were collected and analyzed through a thematic content approach, focused not on the frequency of representative keywords or phrases, but on the emotional significance of the narration, and its centrality in terms of meaning or identity. Some themes and sub-themes were identified. The results confirmed our idea about the importance of promoting self-help contexts for women who survived IPV. These contexts are effective in strengthening the women's ability to overcome the traumatic experience represented by the violence they have been subjected to while developing resiliency (passing from "victims" to "survivors"). The sense of community fostered by the group makes members feel stronger, safer, more confident, and, above all, not alone anymore. However, the results highlighted how self-help strategies should always be integrated with individual multi-level interventions.

Biographic Notes

Francesca Esposito is a community and health psychologist. At the moment she is doing a Phd in Community Psychology at the ISPA University Institute with a project on migration-related detention and its human costs (fellowship by the Portuguese Foundation for Science and Technology-FCT). In 2013, she worked as Italian expert in a study, commissioned by EIGE, on the current implementation stage in the EU Member States of the objectives formulated in Area H of the Beijing Platform for Action (Institutional Mechanisms for Advancement of Women). Prior to this, she studied and collaborated in Italy with the Faculty of Medicine and Psychology of the Sapienza University of Rome.
Since 2007, she is member of BeFree Social Cooperative against trafficking, violence, and discrimination of Rome, Italy (www.befreecooperativa.org). From 2008 to 2012, she worked as psychological consultant for women who suffer intimate partner violence, and for migrant women victims of trafficking and exploitation held in the Center for Identification and Expulsion of Rome (Ponte Galeria). She taught several courses on gender-based violence, and participated in projects aimed at preventing aggressive behaviors in adolescents. Since January 2011, she is consultant of a self-help group of women survivors of intimate violence.
Her research interests include immigration detention, gender-based violence and its social representations, community integration and the potential of self-help for women survivors of intimate partner violence.

Manuela Tomai is an assistant professor at the Sapienza University of Rome. She is specialized in Community Psychology and Systemic Relational Psychotherapy. She has a PhD in community psychology and educational processes. She is a professor at the School of Specialization in Psychological Assessment and at the School of Specialization in Health Psychology of the Sapienza University. She teaches at Ecopoiesis, a two-year master programme in educational processes and community psychology, and she is a professor and supervisor at the ASPIC-Association for the Psychological Development of the Individual and the Community.
She is dedicated to the study of the theoretical fundaments of community psychology (e.g., empowerment, social support, and social capital) and of their application, with a focus on the processes of social change and on the promotion of human welfare (in educational organizational, and community settings). In her long work experience in hospital settings she has focused her attention on the study and development of instruments able to promote individual, group, and community wellness, among which self help groups.

EXPECTATIONS AND CARE PERCEPTIONS AMONG VICTIMS CONSULTING PRIMARY CARE PHYSICIANS AFTER A SEXUAL ASSAULT

Authors

Céline Denis, MD (Hopital Jean Verdier, Bondy, FR)
Marie Seyller, MD (Hopital Jean Verdier, Bondy, FR)
Patrick Chariot, MD (Hopital Jean Verdier, Bondy, FR)

Background

Only 28% of victims of sexual or physical assaults report the assault to a health care professional in France. The role of health professionals is pivotal in providing support and medical care to victims of sexual assaults. The ideal is that medico-legal and health services are provided simultaneously. Victims may consult emergency doctors, general practitioners or gynaecologists. Some victims may wish to disclose the assaults to health professionals only. Consultations can also be the initial step of disclosure before a complaint to the police. Evaluation of the support offered by police officers, social workers, sexual assaults nurse examiners, or forensic physicians showed that professional skills and caring attitude were rated first among victims' expectations. The support from the primary care physicians has not been analyzed.

Aim

To identify patients' expectations when they consulted primary care physicians after a sexual assault and to assess how they rated the responses provided by these physicians.

Methods

In a prospective study (May 2010 – December 2012), we considered all victims of sexual assault aged 10 or over and who were referred to our Department of Forensic Medicine after they had complained to the police. Collected data about the previous medical consultation and the patient's expectations focussed on trauma care, psychological support, gynaecologic care, and judicial counselling. The patient's feelings about the quality of support provided by the physicians were rated in a five-point scale.

Results

Our sample included 1042 patients (F/M, 1003/39; median age, 21 years). The assailants were unknown to the victim in 29% of cases and were (ex)intimate partners in 29% of cases. A total of 232 patients (22%) had a primary care consultation before the forensic examination: emergency doctor (107 of 232, 46%), general practitioner (35%), gynaecologist (19%), and psychiatrist (3%). The patients expected trauma care in 44% of cases, psychological support in 31% of cases, gynaecologic care in 28% of cases, and judicial counselling in 21% of cases. Doctors gave a judicial counselling in 54% of cases, including a combination of medical care and judicial counselling in 34% of cases. They provided trauma care in 40% of cases, gynaecologic care in 31% of cases and psychological support in 21% of cases. Judicial counselling was more often provided than it was expected (54% vs. 21%, $P<0.001$). Psychological support was less frequently perceived than it was expected (21% vs. 31%, $P=0.02$). The medical consultations were considered to provide moderate quality of support. The patients more frequently considered the provided support as crucial in cases of a combination of medical care and judicial counselling than in cases of isolated medical care (25% vs. 3%, $P=0.001$).

Conclusions

These results suggest that health professionals only meet part of sexual assault victims' expectations. Since victims considered the offered support as crucial in cases of a combination of medical care and judicial counselling, this study highlights the need for primary care physicians to play an active role in both fields.

Biographic Notes

Céline Denis has been a forensic physician and a general practitioner for 5 years. She is the head of a unit devoted to the care of victims of Sexual Assaults or Intimate Partner Violence within the Department of Forensic Medicine in Jean Verdier Hospital in Bondy, in the Paris area.

Patrick Chariot has been a forensic physician and a specialist in Addiction Medicine for 20 years. He is professor of Forensic Medicine at Paris 13 University and head of the Department of Forensic Medicine in Jean Verdier Hospital, in Bondy, in the Paris area.

PROVIDING TRAUMA SENSITIVE SUPPORT FOR WOMEN AND GIRLS AFFECTED BY SEXUAL AND GENDER BASED VIOLENCE BASED ON A HUMAN RIGHTS APPROACH

Authors

Karin Griese[29], Head of Traumawork Department (medica mondiale[30], DE)

Background

Sexualised gender-based violence (SGBV) against women and girls is one of the most devastating and widespread abuses of human rights in conflict. It is a direct onslaught on the physical and psychological integrity of women and girls, often leading to lifelong trauma, medical conditions, social stigmatization and the isolation of survivors. Consequences are severe for the individual and also for society as a whole.

medica mondiale is non-governmental organization which supports women and girls who suffer from war-related sexualised violence or other forms of gender-based violence in areas of war and conflict. In the course of 20 years long work in countries like Bosnia, Kosovo, Afghanistan, Liberia and DRCongo the organisation has developed a human rights based and multidisciplinary approach on supporting survivors in dealing with their traumatic experiences. This includes the prevention of new violence, social stigma and retraumatisation.

medica mondiale provides health care, psychosocial support and legal aid for women and girls affected by sexualised violence or at risk – within the framework of their own projects as well as in collaboration with partner organizations on the ground. The holistic approach of *medica mondiale* includes sensitization activities for key actors as well as training programmes on implementing a trauma-sensitive approach for health, legal and psychosocial professionals. By means of awareness training and public relations, the organisation fights for the abidance of international agreements which defend women's rights and protection.

Sharing lessons learned

medica mondiale would like to share the following lessons learned with the participants:

Developing safe access strategies to support for survivors

Women who suffer from SGBV in areas of war and conflict have to deal with several barriers in order to get access to adequate support. In most countries the topic is a taboo and women are at risk to be stigmatized and socially isolated. So even to health professionals, counsellors or lawyers they often don't talk about the horrible things that happened to them. On the other hand, professionals often lack the necessary skills to adequately address their needs and to identify the physical and mental effects of sexualised violence and traumatisation. Furthermore, professionals often share the same prejudices as families, communities and society. And often it is just too overwhelming for them to day to day deal with the effects of gender-based violence. In many countries like e.g. Liberia or the DR Congo it is very difficult to get physical excess to support structures as many women live in remote areas and health clinics and counselling centres are hardly existing and very difficult to reach.

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According to the experience of *medica mondiale*, specific access strategies need to be developed in each country and region. This might include the use of a mobile health ambulance in order to reach women in remote areas. This has been successfully done by *medica mondiale* in Kosovo and in Bosnia and Herzegovina. Building up SGBV support groups in communities is currently a very effective strategy in order to provide first support and protection to survivors of SGBV and women at risk in remote areas in south east of Liberia. This is connected with multidisciplinary protection networks, which include the close cooperation with police, health clinics and lawyers. Due to the very restricted mobility and serious safety issues for staff, *medica mondiale* developed in Afghanistan a decentralized and a low profile approach. Psychosocial and legal counselling is offered in hospitals, shelters, juvenile rehabilitation centres, in women's centres and in prisons.

Addressing the continuum of sexualised gender-based violence before, during and after conflict

Sexualised gender-based violence in conflict is directly linked to violence against women and girls in times of peace. The significant increase of domestic violence before and after violent conflict is just one example for this continuum. SGBV poses particularly substantial threats to women and girls during post-war periods. The extent of this violence is not likely to diminish. The reasons for this are manifold: poverty, the precarious situation in refugee camps, or dysfunctional security and justice sector institutions are just some factors leaving women and girls unprotected. The root cause of sexualised gender-based violence before, during and after war is gender discrimination in patriarchal societies, ascribing women a lower status. Sustainable strategies to prevent and eliminate this form of violence are most successful when tackling root causes and promoting gender equality. Such initiatives need to address unequal power relations and degrading gender roles and norms in society. Governmental actors and institutions have to play a leading role tackling gender inequality and fulfilling their human rights obligations. Amongst other measures, this involves working with and strengthening agents for change, such as local women's groups and pro-feminist men's groups, women's support organisations and women's rights defenders. It also means enabling women and girls to deal with their experiences and take an active part in social and political life.

Applying a trauma-sensitive approach to all interventions

It is well known that rape and other forms of SGBV are associated with a higher prevalence of post-traumatic stress than many other types of traumatic events. A psychological trauma such as this destroys any feeling of security; it attacks a person's basic feeling of trust. Personal boundaries are violated, self-esteem is undermined, and an overwhelming feeling of helplessness is created.

As consequence, this traumatisation may cause functional disorders and symptoms such as panic attacks, depressions, chronic pain or a post-traumatic stress disorder (PTSD), which can massively impair the life of the affected person over many years or even their whole life. Subsequent situations, events or circumstances can trigger a retraumatisation – a recollection and renewed experience of the psychological states experienced during the traumatic incident. Moreover, the consequences of sexualised wartime violence, in the form of trans-generational traumatisation, exert long-lasting impacts on future generations. Therefore, it is absolutely essential to apply a trauma-sensitive approach to all interventions related to SGBV. This includes direct services provided for survivors as well as structural programs, such as reforms in the security, justice, or health sectors.

A trauma-sensitive approach has to take into account certain basic principles in dealing with people who have experienced violence. These include creating a safe environment, avoiding additional stress to survivors, preventing reactivation of trauma symptoms, and thus strengthening and stabilizing the women and girls affected. Another necessary component of a trauma-sensitive approach is the well-being of the practitioners working with people who have experienced extreme suffering. Without due precautions, the nature of their work can easily lead to them suffering compassion fatigue or secondary traumatisation.

Working towards long-term support structures and social acknowledgement for survivors

Recent research results from a study carried out by *medica mondiale* and *Medica Zenica* on the long term consequences of war rape and coping strategies of survivors in Bosnia and Herzegovina[31] show a complex picture of both continuous suffering for most survivors – due to the chronified posttraumatic dynamics and other challenges of mental and physical health, but also a perceived lack of social acknowledgement, lack of protection and ongoing life stressors – and a considerable ability to cope and recreate their lives and their relationships with others.

The research clearly revealed transgenerational effects of the survivors' trauma on their children, as well as the wounds of war rape and sexual violence that remain unhealed and are reinforced and chronified by the tremendous lack of social acknowledgement and protection.

Therefore it is important to commit to long-term funding for holistic programs to support survivors, including psychosocial and health services, legal aid services, economic benefits and income-generating projects, information networks, and advocacy activities.

Furthermore, it is crucial to encourage communities to take positive action towards the social acknowledgement of survivors. Based on the study's findings that stigmatising dynamics in communities are a major reason why survivors keep silent. Stigma and shame belong to the perpetrators and not to the survivors.

The stereotypical "victim" discourse needs to be reshaped in a way that emphasizes the strengths and capacities of survivors. It is important that all segments of society adopt this approach to their perception of and public discourses about survivors.

The study clearly indicates that women perceive the support of male family members as a crucial coping support. Therefore, it is not only important for the women but also very important for the next generation that more men reflect on their roles and attitudes towards women and girls. Society needs more positive role models for young men and boys. This will help overcome the stigmatisation and devaluation of women that is rooted in patriarchal societies, and contribute to an inclusive, peaceful society and more perceived equality between men and women.

Biographic Notes

Karin Griese, M.A., sociologist and trauma counselor, head of the trauma work department at the women's NGO medica mondiale in Cologne, Germany.
medica mondiale has implemented multidisciplinary programs for the support of female survivors of sexualized violence in areas of war and conflict in Bosnia, Albania, Kosova, Afghanistan and Liberia. At medica mondiale, Karin Griese is involved in program conception and professional back up of psychosocial and trauma work and in the development of training programs. Editor of the book: "Violence against women in war: Handbook for professionals working with traumatized women", Frankfurt/M. 2005.

[31] *medica mondiale* and *Medica Zenica*: "We are still alive. We have been harmed but we are brave and strong." A research on the long-term consequences of war rape and coping strategies of survivors in Bosnia and Herzegovina, September 2014, Zenica, Bosnia and Herzegovina and Cologne, Germany.

PARALLEL SESSION

The impact of Sexual Violence and Rape on their Victims

ACUTE STRESS MEASURED WITH ASC-KIDS AFTER RAPE

Authors

Doris Nilsson (Linköping University, SE)
Carin Nordenstam (Uppsala University and Stockholm County Counsil, Child and Adolescent Psychiatry, Stockholm, SE)

Abstract

To be raped is a highly stressing event and it is not to be compared with other potential traumatic events. Acute stress is a natural reaction after rape. The level of stress is believed to be a predictor of later development of post-traumatic stress, however research has shown results in both directions. There are not many instruments to identify Acute stress among children and adolescents. ASC-kids is one if not the only and the aim of this study was first to look upon the value of using the instrument in a Swedish setting and then to look upon differences in levels of acute stress after a minor stressful event compared with a major stressful event. Method: In this study minor stressed adolescents (n=154) was given ASC-Kids , UCLA-RI for post traumatic and Sense of coherence scale stress-13 their results were compared with a group of adolescent girls (n=79) who had been raped. The results showed that ASC-kids behaved as expected and that the level of Acute stress was very high in the group with raped girls compared with the non-raped group. Very high levels of stress also compared with what has been reported from studies measuring acute stress after dog attacks and different traffic accidents. Conclusion is that raped adolescents girls are highly stressed compared with other groups and that ASC-kids can be a valuable instruments for screen for acute stress.

Biographic Notes:

Carin Nordenstam is a PhD student with long clinical background as a socialworker and a therapist in the field of sexually abused children and adolescents.

Doris Nilsson is an Associate professor at Linköping University with a long clinical background as a licensed psychologist and psychotherapist and has many years worked with sexually abused children and adolescents.

PELVIC FLOOR MUSCLE PROBLEMS MEDIATE SEXUAL PROBLEMS IN YOUNG ADULT RAPE VICTIMS

Authors

Iva Bicanic (Utrecht University Medical Center, NL)
Riemke Postma (Utrecht University Medical Center, NL)
Huub Van Der Vaart (Utrecht University Medical Center, NL)
Ellen Laan (Academic Medical Center UvA Amsterdam, NL)

Abstract

Introduction. Prior studies have addressed sexual abuse and sexual function in adult women. No studies have focussed on the effect of adolescence rape on sexual functioning.

Aim

To investigate the effect of rape on sexual problems and on pelvic floor problems, as well as the mediating role of pelvic floor problems on sexual problems, in a homogenous group of victims of adolescence rape without a history of childhood sexual, physical and/or emotional abuse.

Main Outcome Measures

Sexual functioning and pelvic floor functioning were assessed using self-report questionnaires.

Methods

In this cross-sectional study, a group of 89 young women aged 18-25 years who were victimized by rape in adolescence, was compared with a group of 114 non-victimized controls. The rape victims were treated for PTSD three years prior to participation in the study.

Results

Three years post- treatment, rape victims were 2.4 times more likely to have a sexual dysfunction (lubrication problems and pain) and 2.7 times more likely to have pelvic floor dysfunction (symptoms of provoked vulvodynia, general stress, lower urinary tract, and irritable bowel syndrome) than non-victimized controls. The relationship between rape and sexual problems was partially mediated by the presence of pelvic floor problems. Rape victims and controls did not differ with regard to sexual activities.

Conclusions

Rape victims suffer significantly more from sexual dysfunction and pelvic floor dysfunction when compared to non-traumatized controls, despite the provision of treatment for PTSD. Possibly, physical manifestations of PTSD have been left unaddressed in treatment. Future treatment protocols should consider incorporating (physical or psychological) treatment strategies for sexual dysfunction and/or pelvic floor dysfunction into trauma exposure treatments.

Keywords:

Adolescent, Rape, Sexual Assault, Sexual Problems, Pelvic Floor Problems, High Tone Pelvic Floor Dysfunction

Biographic Notes

Iva Bicanic

- Clinical psychologist, head of the Psychotraumacenter of the University Medical Center in Utrecht.
- The Phd research is in neurobiological and psychological correlates of rape in adolescents.
- Co-founders of the first Dutch Rape Center and chair of the 2nd ICSoR.

PREDICTORS OF DELAYED DISCLOSURE OF RAPE IN FEMALE ADOLESCENTS

Authors

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Elise Van De Putte (Utrecht University Medical Center, NL)
Lieve Hehenkamp (Utrecht University Medical Center, NL)
Arjen Van Wijk (ACTA, NL)
Ad De Jongh (ACTA, NL)

Abstract

Delayed disclosure of rape has been associated with impaired mental health; it is therefore important to understand which factors are associated with disclosure latency. The purpose of the present study was to compare demographic and (post-)rape characteristics and psychological functioning of early and delayed disclosers (i.e., more than one week post-rape) among adolescent rape victims, and to determine potential risk factors for delayed disclosure. Data were collected using a structured interview and validated questionnaires in a sample of 323 help-seeking female adolescents (12–25 years), who were victimized by rape, but had no reported prior chronic child sexual abuse. The results of this study will be presented and the implications discussed.

Keywords:

Adolescents; young adults; rape; sexual assault; disclosure; latency to disclosure; Post Traumatic Stress Disorder (PTSD)

Biographic Notes

Iva Bicanic

- Clinical psychologist, head of the Psychotraumacenter of the University Medical Center in Utrecht.
- The Phd research is in neurobiological and psychological correlates of rape in adolescents.
- Co-founders of the first Dutch Rape Center and chair of the 2nd ICSoR.

ALCOHOL AND PSYCHOACTIVE SUBSTANCE USE AT THE TIME OF SEXUAL ASSAULTS AND FOLLOWING THE ASSAULTS

Authors

Patrick Chariot (Hopital Jean Verdier, Bondy, FR)
Marie Seyller (Hopital Jean Verdier, Bondy, FR)
Céline Denis (Hopital Jean Verdier, Bondy, FR)

Background

Nearly half of sexual assaults involve alcohol consumption by the perpetrator, the victim, or both. In France, the first national survey investigating violent situations showed that women reporting physical or sexual assaults experienced more frequently alcohol problems than those without history of violence. Joint assessments of victims' and perpetrators' substance use and modifications in substance use among the victims following the assaults are lacking. We evaluated the frequency of addictive behaviours in victims and perpetrators of sexual assaults, as well as the changes in psychoactive substance use among the victims over the weeks following the assault.

Methods

With respect to all victims (age >15) of sexual assault in our sample, we collected data (01/2008-03/2011) regarding current addictive behaviours and alcohol or substance use among victims at the time of the assault as well as perceptions or information by the victims on the use of alcohol or psychoactive substance by the assailant. At a one-month follow-up examination, we evaluated the changes in alcohol and substance use among the victims in the days and weeks following the assault, i.e. start or stop of alcohol or substance use, or significant modifications defined as changes of at least 50%.

Results

Our sample included 797 victims of sexual assault (F/M, 767/30), 38% of whom attended the follow-up consultation. A total of 132 of 797 victims (17%) commonly used psychoactive substance (alcohol abuse, 78 cases [10%]; cannabis, 71 cases [9%]; cocaine, 13 cases [2%], heroin, 7 cases [1%], tranquillizers, 7 cases [1%]). A total of 199 victims (25%) reported recent psychoactive substance consumption prior to the assault (alcohol abuse, 168 cases [21%]; cannabis, 61 cases [8%]; tranquillizers, 25 cases [3%]; heroin, 4 cases [0.5%]). In such cases, the consumption was reported to be induced by the assailant in 89 cases (11%).

In 222 cases (28%), victims reported that the assailant commonly used psychoactive substance (alcohol abuse, 170 cases [21%]; cannabis, 97 cases [12%]; cocaine, 27 cases [3%], heroin, 2 cases [0.3%], tranquillizers, 6 cases [1%]). A total of 255 victims (32%) reported that the assailant had consumed psychoactive substance shortly before the assault (alcohol abuse, 222 cases [28%]; cannabis, 75 cases [9%]; tranquillizers, 2 cases [0.3%]). From 306 patients (38%) attending the one-month follow-up consultation (F/M, 294/12, 96%-4%), 75 patients (25%) reported significant changes of their addictive behaviours. They mentioned a start or a substantial increase of use in 70 cases of 306 (23%), or a substantial decrease or cessation of use in 40 cases of 306 (13%). Modifications of the addictive behaviours were common when the assaults occurred after recent psychoactive substance use: 33 of 65 (51%) reported a start or a substantial increase of substance use and 31 of 65 (48%) reported a substantial decrease or cessation of substance use.

Conclusions

Significant changes in addictive behaviours, as observed one month after the first examination, mainly concerned alcohol, tobacco, and cannabis. The interest and feasibility of a brief intervention in victims of sexual assaults need further evaluation.

Biographic Notes:

Patrick Chariot has been a forensic physician and a specialist in Addiction Medicine for 20 years. He is professor of Forensic Medicine at Paris 13 University and head of the Department of Forensic Medicine in Jean Verdier Hospital, in Bondy, in the Paris area.

Céline Denis has been a forensic physician and a general practitioner for 5 years. She is the head of a unit devoted to the care of victims of Sexual Assaults or Intimate Partner Violence within the Department of Forensic Medicine in Jean Verdier Hospital in Bondy, in the Paris area.

INTIMATE PARTNER RAPE TRAUMA AND MENTAL HEALTH PROBLEMS IN GEORGIAN WOMEN

Authors

Anna Tchigvaria (Ilia State University, GCRT, Union "Saphari"/Family without Violence, GE)

The aim of the study and Methodology

The aim of the research is to study the influence of the specific traumatic event - to rape by the intimate partner on woman's mental health condition; In terms of mental disorders, wondered about the impact of the trauma of rape by a intimate partner on to develop of post-traumatic stress disorder, depression and anxiety disorders. Analyzing cases, as well as trying to shedding a narrative themes, which is typical for this trauma - such as shame and guilt, learned helplessness, a sense of loss of control and helplessness, victimization, sexual behavior characteristics. Also perception of the future long-term perspective.

The research is based on case studies / case analysis method, which has been in cases of rape with the experience of individuals from partner and rape trauma-specific symptoms and a detailed description of the outlined characteristics. Additional given instruments allowed us to study what kind of problems we are dealing with mental health disorders and to identify the rape and her subsequent mental disorders - including PTSA, depression, anxiety, a possible connection. ´

The target group

The target group were adult women who had experience of sexual violence after the age of 15 years (to allocate these experiences from sexual trauma received in childhood the so-called childhood sexual trauma) and 22-30 years old 5 woman with experience of rape by intimate partner.

The survey instruments were used:

- A semi-structured clinical interview
- Beck depression study questionnaire (Beck 1972)
- Spilberger's situational and personal anxiety measuring questionnaire (Spielberger, Gorssuch, Lushene, Vagg, & Jacobs 1983)
- PCL-5 - post-traumatic stress disorder 'checklists' (PTSD checklist for DSM-5) (APA, 2013) PCL-5 (Frank W. Weathers, PhD; Brett T. Litz, PhD; Terence M. Keane, PhD; Patrick A. Palmieri, PhD; Brian P. Marx, PhD; & Paula P. Schnurr, PhD, 2013)
- Informed consent sheet

Hypothesis

People with the experience of rape is high risk group in development with mental health problems and disorders, specifically, the higher probability of such disorders, such as post-traumatic stress disorder, depression, anxiety disorder and disease-related symptoms.

At the same time, it is likely the deepest feelings of shame and self-blame, suicidal cases, learned helplessness, the aggressor's behavior interiorization, reaction to stress - to escape, the battle-stupor, problems of sexual life and social functioning.

Case Study

It was investigated the sexual harassment experienced 5 woman; whose age ranged from 22 to 30 years; 4 of them are currently employed.
Case Study / CASE STADIES (Case specifically clipped retains significant portions of the original)

Nato, 28-years-old

,,Once he run at home, I slept ... I didn't understand what was happening. He was under the influence of drugs. Everyone was sleeping and there was the sexual violence on me "

,,I sometimes think that I love him. When the anger pass after the conflict I miss him. Sometimes I have a terrible aggression and hate, everything is my fault as I give him the right so he treated me. After each sex I feel raped, I feel insulted and embarrassed I am terribly disgusted, He is an animal."

,,I had a suicidal attempt, but I always remember my son. I know that everything I need to do he would be happy. "

Nana, 25 years old

,, I was crying automatically and had the body shaking to man's screaming in a loud voice for years. He beat me and when I told my parents and asked for help, they told me that is was my fault and I was a girl and I need to be humble."

"He was blackmailing me and forced me to have sexual contact with him, repeatedly resisted physically, but of course, I couldn't and then I had spasmodic / spontaneous attacks. "

,,Terribly remember a couple of occasions, I thought I was crazy, completely bewildered, then I sat down and spent half an hour with shaking and still I have such attacks. Sometimes I can not hold and I can do any thing to throw or strike a person. At the end I don't know how it happened. I said something and he beat me. Then I took a knife from the kitchen and strike him. He was looking at me pale for a few minutes then he's gone".

"I have plans for life, but I'm afraid I'm tense, I think that's something will be wrong. It's a horrible feeling of emptiness constantly. My friend told me to drink the medicine to be quite."
Khatuna, 29 years old

,, He raped me because I had to married him. My brother worked in a good position and he thought, if he was married me - he would have been well; He was financially interested. But I didn't marry him and I was kidnapped. Then I was a believer, (orthodox) and when my parents came to take me, I stayed to him, because I did not want anyone became the prisoner for my sake".

,, I was in total fear ... I did not know what to do, I had not realized what was going on in my head, I could not even think, I did not have nowhere to go. I blamed myself for everything. I could not dare even thinking of divorce ... After the violence he has led me to the balcony, he had gun in his hands and said that It would be better to jumped out for me because if he shot at me and neighbors would heard it and didn't not want to be prisoner".

"At four o'clock in the morning, someone found me in the street, my face was bruised on. They took me in the hospital. I hadn't said anyhing for six months. My parents took me from the hospital at home. They didn't ask me anything, I didn't want to talk about it. It was impossible for me even think. There was emptiness in my brain and mentally. Parents are so happy when I could speak. They didn't ask about it."

,,I think that it was my fault, I'm such. I think, it was pleasure for me to beat me, I do not know. "

,,I do not have the feeling that I had in childhood; As if it that was in childhood – it is not now, it lost, I want to feel well again, as it was - then, secured and calmly."

Maya, 29 years old

,, When he came out from prison I meet him and took away with the friends. He drank and did not stop, began taking , some time, I endured, I told him that if he continued with him disrupt, of course, I was accused, we had normal sexual life before this, I felt well to him. But instead to understand what I was telling him what bothered

me and what I was worried about the raped me. Then I show him that he acted rascal, I made a decision to leave him then they started to blackmail and threats, he threatens me with killing of children. I appealed to police but they just write and read. Nobody can help me. I feel completely insecure in this country, I do not trust anyone".

The patient suffers from a stressful experience (rape), recurring memories (It should be noted that the patient was interviewed after a few weeks from the rape experience), severe acute physical reactions to stressful experiences, remembering the experience of significant moments remembering the difficulties, a strong negative emotions (anger, fear), all nervous and easily intimidation of feeling, insomnia.

Nina, 22 years old

,, I was 16 years old when I got married, I did not know anything about the sexual relations between man and woman. He was my first man. The violence began and I had not orgasm with him, nor had any other partner

,, I took and drank the medicine. It was medicine "For Crazy," I counted 49 pills and drank, I slept for four days. That I woke up, I was swimming in my feces, I do not know how I woke up, I should die in rule. I drank as much medication. "

"That I am telling my story, I have no emotions, no tension, I feel I do not know what I should see in life everything is uninteresting. Sometimes I think that violence enjoy me. "

Conclusion

As to study the research tools also the case study is clearly evidence that studied individuals have the wide spectrum of mental health problems. We found the variety of detection of clinical symptoms in five patients.

From interviewed women everyone has high rates in study questionnaire (PCL-5) of post-traumatic stress disorder and in study questionnaire of anxiety and three of them have a high rates in study questionnaire of Depression of Beck.

Case analysis makes clear several major problem areas / domains:

Incapable and unprepared state – which leaves the victim without an effective protection mechanism, services and information (eg, what is human rights, how to protect themselves in case of victims of violent experiences, and what is considered abuse, etc). From one case is evident incapacity of law enforcement agencies, they fail to protect victims of violence and threats. The case indicates that the State has no effective mechanisms to protect the victims, which include the law, competent and sensitive issue for law enforcement system and timely response.

Community, cultural cliches – Based on the information that affects the victim and her family to the micro-society, specific information is soaked in a masculine culture characteristic tendencies ("He was my husband and...", ,,The family did not understand me,",,You should bow your head when you're a girl ", etc) that the victim is not only in the condition of victim by the psychological point of view, but also in terms of gender. Services and the lack of information the victim leaves the family and informal support network in the hope that a better case for themselves tolerate the situation, and in the worst case - their aggression towards victims of violence a woman, society's cultural norms and beliefs of the case, which force him to hide the reality and and / or remain in violent relationships.

Violence in the family as a problem – Traumatic events that drastically alter the individual's life and catastrophic consequences, being in silence and solitude. Violence in the family (father, brother, as offenders) common phenomenon that "prepares" the girl next victim role. To pay attention to the fact that violence is

often the influence of alcohol or psychoactive materials which again points to the importance of this problem; It should be noted, as well as transmission and distribution patterns of violence:, child behavior management by violence on the case one of our patient.

Individual level – An individual's psychological condition expressed strong negative emotions - shame, guilt and feeling of culpability, decomposition of basic illusions, which is expressed in their negative perception of the world and people. Loss of control over their lives, which makes a decision or an abuser or a patient's emotions, traumatized people cannot be controlled; Constant feeling of discontent and horizons of fatality, suicidal thoughts / attempts, failed interpersonal relationships and sexual life; All this is combined with learned helplessness, the patient no longer feels his own body and life to rule, it is independent of current events. (Eg. Drug-addicts husband's physical violence, concentration difficulties, emotional stiffness, the inability of empathy, another unsuccessful sexual intercourse, due to the high degree of dissociation;).

The results of research allowed us to formulate recommendations for:

- Developing effective support services for survivors of rape trauma to deal with mental health problems;
- Establishing appropriate programs for sexual offenders and perpetrators;
- Promote adequate sexual education in all ages;
- Develop awareness raising campaigns to overcome social and cultural prejudices regarding gender roles, family violence, sexual behavior, health seeking, etc.
- Advocate for the efficient national protection mechanisms for victims/survivors of sexual abuse and rape;
- Support studies on consequences of sexual abuse from an intimate partner and develop evidence-based policies to protect and support the survivors.

Biographic Notes

Anna Tchigvaria (19/05/1990)

Education

- In 2012-2014 She graduated Ilia State University, Program - Mental Health, Specialty: Psychotraumatology (master)
- In 2011 she graduated Tbilisi State University, Specialty: social work.(Bachelor)

Work Experience

- Since 2012 - Psychosocial and Medical Rehabilitation Center for Torture Victims - GCRT-Social Worker
- Since 2012 - Rehabilitation center for victims of domestic violence -,,sapari " - Social Worker
- 2011-2013 Training Qualification Center (QCT) - ,,The participatory rights of persons with disabilities in Georgia " - Social Worker
- 2010-2011 “Child and Environment ", Center of day care -Social Worker

THE EMOTE-PTSD (ENDOPHENOTYPE MODIFICATION AND EVALUATION IN POST TRAUMATIC STRESS DISORDER) STUDY

Authors

David Delany (Waterford Institute of Technology, IE)
Jennifer Yeager (Waterford Institute of Technology, IE)

Abstract

Up to 50% of survivors of sexual violence are affected by post-traumatic stress disorder (PTSD) (Rothbaum et al., 1992). Conventional treatments for PTSD are a combination of drug and psychotherapy. Unfortunately, rates of treatment resistant PTSD are high. For example, less than 20-30% of patients achieve full remission using standard PTSD drug therapy (Berger et al., 2008) and up to 50% of patients are non-responsive to Cognitive Behavioural Therapy (Schottenbauer et al., 2008).

Vulnerability, severity, and persistence rates in PTSD are strongly predicted by both impaired neurocognitive functioning (e.g. Leskin et al., 2007) and the presence of negative emotional schemas (memory structures that bias attention, perception, memory, and thinking) (Vythilingam et al., 2007).

Conventional pharmacotherapy and psychotherapy treatment approaches have relatively limited impact on these core vulnerability biomarkers (candidate endophenotypes).

A compounding factor is a clinical reliance on subjective diagnostic tools, rather than brain-based assessments.

In this talk, we will describe an upcoming research programme, the EMOTE-PTSD (Endophenotype MOdificaTion and Evaluation in Post Traumatic Stress Disorder) study, a randomised, placebo-controlled, double-blind, trial designed to address these shortcomings. The core goals of the study are to examine the effect of 20 days (30 min/day) of training on a novel computerised adaptive affective-cognitive training task on:

1) clinical symptoms of PTSD in survivors of sexual violence (the primary endpoint) and
2) aspects of cognitive and emotional brain functioning predictive of PTSD vulnerability and maintenance (secondary endpoints).

A key clinical goal of this targeted intervention is to enhance neurocognitive functioning and resilience, and reduce the likelihood of PTSD persistence by driving adaptive neuroplasticity. A novel feature of this intervention is the use of individually personalised stimuli to maximise clinical efficacy.

A tandem goal of the EMOTE-PTSD study is to characterise those aspects of neurocognitive and emotional functioning most strongly predictive of PTSD in survivors of sexual violence. The outcome of this pilot correlational analysis will be used to bootstrap the development of objective brain-based criteria and computerised tools for assessing PTSD risk and severity, and tracking treatment efficacy.

Biographic Notes

David Delany is a lecturer in cognitive psychology and statistics in Waterford Institute of Technology and has a research focus on the design of novel clinical brain training interventions for psychiatric disorders and cognitive enhancement. Delany holds a PhD in computational neuroscience from Trinity College Dublin.

Jennifer Yeager is a lecturer in social, abnormal and forensic psychology in Waterford Institute of Technology with a research focus in the effects of sexual violence.
Yeager's previous research has involved examining the psychological impacts of sexual assault across multiple research projects. Jennifer has completed counselling training with both the Edinburgh Women's Rape and Sexual Abuse Centre and the Waterford Rape and Sexual Abuse Centre.

RISK IDENTIFICATION AND MANAGEMENT FOLLOWING ACUTE SEXUAL ASSAULT AND THE ROLE OF THE EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR) IN ALLEVIATING THE TRAUMA OF SEXUAL VIOLENCE

Author

Raquel Correia (The Havens, King's College NHS Foundation Trust, UK)

Objectives

This presentation considers the identification and management of risk and, internal and external referral pathways following acute sexual assault. It also explores therapy outcomes using EMDR treatment and resource development and installation of clients referred to the Clinical Psychology service.

Description

Complainants of rape and sexual assault are vulnerable to short and long-term psychological sequelae. Sexual violence may have serious and persisting consequences in terms of health and well-being, social, interpersonal and occupational functioning (HM Government, 2007). Levels of socioeconomic vulnerability are increased among our clients, many of whom have a background history of mental ill health, where support needs are high and often complex.

This study is a retrospective case note review looking at past and current mental health needs of clients attending a London Sexual Assault Referral Centre (SARC) following acute sexual assault for forensic medical examination and/or follow-up medical and psychosocial care. Data was collected on demographics, details of the assault and services involved in aftercare. Particular attention is paid to risk assessment and identification at the initial contact and at first follow-up appointment. Risk management within the SARC will be discussed including referral to the Haven Clinical Psychology service and referrals to external agencies such as social services, Accident & Emergency and Community Mental Health Teams.

It also explores therapy outcomes of complainants of rape and sexual assault who received psychological treatment to address the trauma of sexual assault utilising EMDR and resource development and installation. Standard clinical outcome measures routinely completed by clients at psychological assessment and discharge are compared to measure changes in symptom severity.

Conclusion

This presentation reviews the identification and management of risk of complainants of rape and sexual assault and the role of EMDR in alleviating the trauma of sexual violence and associated levels of distress, feelings of self-blame and shame that often characterise this type of trauma.

Biographic Notes

Raquel Correia is a Lead Clinical Psychologist and the Lead for the Havens (SARC) Psychology and Counselling service. She works for King's College NHS Foundation Trust and in sexual health with Barts Health NHS Trust in London. She qualified in 2003 in Portugal and since qualifying she has held various positions in the NHS.

She has extensive clinical experience working with adults and has developed specialist skills in working with trauma and sexual assault and, psychosexual difficulties. Her post at the Havens includes providing psychological assessment and treatment to clients affected by sexual assault & rape, training, supervision, consultancy and leading on research on the psychological issues affecting victims of sexual violence. She has also presented at national and international conferences, training programmes, and has worked closely with the Metropolitan Police and the Crown Prosecution Service.

She works with an integrative framework drawing from her training in Cognitive Behavioural Therapy, Eye movement Desensitisation and Reprocessing (EMDR) and Compassionate Focused Therapy.

BENZODIAZEPINES ARE NOT DRUG OF CHOICE IN POST TRAUMATIC STRESS DISORDER (PTSD) AFTER RAPE

Authors

Anna Tiihonen Möller (Department of Clinical Science and Education, Karolinska Institutet, Department of Obstetrics and Gynecology, Stockholm South Hospital, Stockholm, SE)
Torbjörn Bäckström (Department of Clinical Science, Obstetrics and Gynecology, Umeå University, Umeå, SE)
Sigrid Nyberg (Department of Clinical Science, Obstetrics and Gynecology, Umeå University, Umeå, SE)
Hans Peter Söndergaard (Department of Clinical Science and Education, Karolinska Institutet, Department of Obstetrics and Gynecology, Stockholm South Hospital, Stockholm, SE)
Lotti Helström (Department of Clinical Science and Education, Karolinska Institutet, Department of Obstetrics and Gynecology, Stockholm South Hospital, Stockholm, SE)

Background

Post traumatic stress disorder (PTSD) is a chronic anxiety disorder that follows after having experienced or witnessed a traumatic event, such as an accident, combat, physical attack, or rape. Benzodiazepines (BZ) have successfully been used in anxiety disorders and it seems logical to prescribe these drugs to ease symptoms in PTSD. However, because of reports of several side effects as well as benzodiazepines` lack of effect in this patient group, they have been proposed to be contraindicated. The actual cause of these drugs effects is still unknown. BZs act by binding to the GABA-A-receptor. The GABA-A-receptor is the most important inhibitory receptor in the nervous system and activation with an agonist cause's sedation and amnesia, while activation with an antagonist cause's arousal, restlessness, and insomnia. As the latter symptoms all are described in the PTSD patients it would be of interest to investigate the GABA-A-receptor in PTSD patients. Different subunits of the GABA-A receptor have different sensitivity to different drugs. The GABA-A receptor subtype α4, β, δ is hypersensitive to the positive GABA-A receptor modulating steroid allopregnanolone, while it is insensitive to benzodiazepine. Flumazenil, on the other hand, is known to change its action from being a benzodiazepine antagonist or inert compound to become an agonist having a benzodiazepine-like effect on its own in GABA-A receptor subtype α4, β, δ. Therefore, these three drugs are suitable to use in challenge tests to bring to light whether there are changes in GABA-A receptor sensitivity, and relate the effect of compounds to possible changes in GABA-A receptor subtypes in a disorder.

Aim

To investigate the GABA-A-receptor sensitivity in PTSD patients.

Methods

The patients were recruited from the Emergency Clinic for Raped Women, Stockholm South Hospital, Sweden with a minimum of 6 months after the most recent rape. The patients were all diagnosed as having Posttraumatic Stress Disorder (PTSD) according to the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV, F43.1). Injections of allopreganolone, diazepam, and flumazenil were carried out, each on separate occasions, in 10 drug naïve women with PTSD 6 months after rape compared to 10 healthy female controls. Effects were measured in saccadic eye velocity (SEV) and in subjective ratings of sedation measured with Visual Analogue Scale (VAS).

Results

The PTSD patients were less sensitive to allopregnanolone compared with healthy controls. This was seen as a significant difference in SEV between the groups ($p = 0.047$). Further the patients were less sensitive to diazepam, with a significant less increase in sedation compared to controls ($p = 0.027$). After flumazenil injection both patients and controls had significant paradoxical agonistic effect on SEV, leading to decreased SEV after injection. The patients also responded with an increase in sedation after flumazenil injection, while as this was not seen in the controls.

Conclusion

Women with PTSD have a changed sensitivity to GABA-A-receptor active substances. This is suggested to be caused by an acquired tolerance because of chronic exposure of neuro active steroids during a long period of time. As a consequence of this benzodiazepines and other GABA-A receptor active compounds such as sleeping pills will be less useful for this group of patients.

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Biographic Notes

Anna Tiihonen Möller, MD, is a gynecologist at the Emergency Clinic for Raped Women at Stockholm South Hospital. Her PhD research in the Department of Clinical Science and Education at Karolinska Institutet is in intimate partner violence, risk factors for Posttraumatic Stress Disorder (PTSD), and stress-related steroid hormones in rape victims.

Torbjörn Bäckström, MD, PhD, is a professor in the Department of Clinical Science, Obstetrics and Gynecology at Umeå University. He is also head of the Umeå Neurosteroid Research Center. His main research is concerning the role of neuro active stress and sex steroids in the brain.

Sigrid Nyberg, PhD, is a registered research nurse in the Department of Clinical Science, Obstetrics and Gynecology at Umeå University. Her main research is concerning the role of neuro active stress and sex steroids in the brain.

Hans Peter Söndergaard, MD, PhD, is an associate professor in the department of Clinical Science at Karolinska Institutet. He is also a clinical psychiatrist and head of the Crisis and Trauma Center, Stockholm, Sweden. His main research is in stress research and psychotraumathology.

Lotti Helström, MD, PhD, is an associate professor in the Department of Clinical Science and Education at Karolinska Institutet. She is head of the Emergency Clinic for Raped Women at Stockholm South Hospital and her current research is about PTSD after rape.

PARALLEL SESSION

European data Collection on Sexual Violence and Rape

QUALITY ASSURANCE AND EVIDENCING THE NEED FOR INDEPENDENT, SPECIALIST SEXUAL VIOLENCE SERVICES IN ENGLAND AND WALES

Authors

Katy Taylor, National Membership Co-ordinator (Rape Crisis England & Wales, UK)
Marianna Tortell (National Performance Co-ordinator, Rape Crisis England & Wales, UK)

Background and Context

Rape Crisis England & Wales (RCEW) is the national umbrella organisation for the network of independent local providers of specialist Rape Crisis services across England and Wales. Currently, there are 47 Centres providing a range of services to women and girls of all ages who have experienced any form of sexual violence at any time in their lives.

Services provided by RCEW Member Centres include:

- Short and long-term one-to-one counselling, support and advocacy
- Telephone, email and text support
- Specialist services for young women, Black and Minority Ethnic women and women accessing the Criminal Justice System
- External training

While the main focus of the work provided by RCEW Member Centres is direct work with women and girls, some Centres also provide services to men and boys.

RCEW promotes the needs and interests of women and girls who have experienced sexual violence, ensures the provision of local, specialist services and works towards the elimination of sexual violence by:

- Campaigning to raise awareness of the prevalence and impact of sexual violence and challenging public attitudes about the social tolerance of sexual violence
- Working to improve the response of the UK Government and other organisations by providing a voice for survivors and member Centres
- Supporting the development and provision of specialist, high quality services to meet the diverse needs of survivors including new Rape Crisis provision in areas with little or no specialist provision
- Providing Member Centres with advice, policy information, training and links to national and regional networks to share expertise and best practice

In the 2012-13 year:

- 32,688 service users received a service from a Rape Crisis Centre, a 16% increase on the previous year
- Rape Crisis Centres responded to over 130,000 helpline calls, an 8% increase on the previous year
- Rape Crisis Centres provided 300,000 sessions of support (advocacy, emotional support, helpline calls, email and text support) compared to 176,099 sessions in 2010/11

UK government figures show that only approximately 15% of adult women who are raped report it to the police[32]. In addition, the anonymously-reported England and Wales National Crime Survey does not include

[32] https://www.gov.uk/government/publications/an-overview-of-sexual-offending-in-england-and-wales

people over 59 years old or young children so even less is known about the volume of people affected by sexual violence in these age groups.

Statistics gathered by RCEW show that 85% of people accessing services at Rape Crisis Centres do not report to the police, with over 60% of service users seeking support for sexual violence that occurred over two years ago. A large proportion of these are adult survivors of sexual violence experienced in childhood.

Therefore, official figures relating to sexual violence in England and Wales are massive underestimates of actual prevalence. In order to highlight the high need for services, and specifically the need for specialist, gendered services, RCEW supports the use in Member Centres of the Data Performance Management System (DPMS), a bespoke data collection and analysis system specifically developed for use by organisations working with sexual violence and domestic violence. In addition, RCEW supports Member Centres to evidence the high quality of their services through the Rape Crisis National Service Standards (RCNSS).

Quality Assurance: Rape Crisis National Service Standards (RCNSS)

The RCNSS were developed jointly with Rape Crisis Scotland in order to ensure that no matter where in the UK a survivor lives, she will receive a consistent and high quality response from any Rape Crisis Centre. They were developed in full consultation with member Rape Crisis Centres and are informed by the collective experience of frontline practitioners and survivors as part of a wider quality assurance system. The RCNSS have been mapped against existing quality assessment frameworks, including the Council of Europe Minimum Standards for Support Services.

Rather than being prescriptive in terms of how services must be delivered, the RCNSS safeguard the diversity of services across the RCEW network by focusing instead on the framework and values in which services should be provided within a feminist, gendered analysis of sexual violence.

The RCNSS cover all aspects of service provision, including but not limited to:

- Governance and legal compliance
- Feminist analysis of sexual violence
- Service management and development
- Working with individual service users
- Safeguarding service users and employees/volunteers
- Diversity and equality of access
- Confidentiality and data protection

RCEW is now involved in discussions with other national Violence Against Women and Girls (VAWG) organisations in England and Wales on potentially developing shared core standards, thus providing commissioners with a set of core outcomes for use in developing specifications for commissioning VAWG services.

Through the production of nationally recognised Service Standards, RCEW and Rape Crisis Scotland are supporting the continual development of specialist services and the expertise held within our respective memberships.

Evidencing Need: Data Performance Management System (DPMS)

In addition to the low numbers of survivors who report to the police in England and Wales, the way in which sexual violence is recorded also impacts on official figures. For example, one area commissioner in England stated there were 27 serious sexual offences committed during the year 2012-13. On further scrutiny, these figures only represented incidents of sexual violence that had been committed as a consequence of domestic violence. That is, there were no statistics relating to sexual violence that had occurred outside of a violent relationship. As has previously been stated, a large proportion of people accessing Rape Crisis Centres do so for sexual violence that occurred during their childhood – these survivors are often invisible in much of the data collected around sexual violence.

In addition, it is not uncommon for local and regional Violence Against Women and Girls Strategies in the UK to focus predominately on domestic violence, which does not take account of the specific needs of survivors of non-recent sexual violence, whose support needs can differ greatly from the support needs of survivors of domestic violence. It is therefore essential to evidence the need for specialist sexual violence services that are best able to meet the needs of survivors, as compared to a 'one size fits all' approach.

RCEW has identified effective data collection as essential in gaining a truer picture of the type and prevalence of sexual violence perpetrated within England and Wales and in evidencing the need for specialist services to meet the identified need. Therefore, RCEW supports the use of the DPMS in RCEW member organisations.

Evidencing need for specialist sexual violence services is also vital for organisations in the charity sector to prove their worth and secure ongoing funding to be able to support survivors. Data collection creates a strong evidence base from which organisations can compete effectively for funding and secure service contracts by being recognised as highly effective, specialised services. With the current reduction in budgets and competing priorities across the UK, there is an ever-increasing demand on specialist services to provide monitoring and outcomes data for commissioners and funders. DPMS has proved vital in demonstrating measurable objectives, quality indicators, value for money, demand, emerging trends and the impact of sexual violence.

DPMS enables individual case management over extended periods, revealing the continuum of violence. It records levels of detail about the nature of the assault, the perpetrator, the public services with which the survivor is interacting, outcomes, etc. As such, it builds a database of incidents, processes and outcomes. Critically, DPMS enables real-time reporting on anonymised aggregate data on the real scale of sexual violence, supporting efforts to improve services for survivors and develop future strategies.

Examples of data collected in DPMS are:

- Service user demographics
- Impact of sexual violence on survivors' mental, physical and emotional health
- Date(s) of assaults and details of the perpetrator(s)
- Police and court actions/outcomes

By recording and interpreting this information, organisations can assess their capacity, focus resources and more accurately define their service provision. The data identifies trends and key issues; e.g. increase in stranger rape or increase in young women accessing services. With this information the wider issues, trends and concerns can be identified to create positive change on local, regional and national agendas.

Supporting National Development

RCEW is committed to supporting the continual development of specialist, independent sexual violence services. As such, we are rolling out a programme of accredited, nationally recognised qualifications for working with sexual violence and strengthening the provision of development support across the English regions.

Through this and the continual development of the RCNSS and the DPMS, the network of specialist, feminist sexual violence services has been strengthened by evidencing and benchmarking the expertise of its workforce and responding to the changing political landscape, whilst retaining integrity and high quality service provision.

Contacts

Marianna Tortell, National Performance Co-ordinator, rcewperformance@rapecrisis.org.uk
Katy Taylor, National membership Co-ordinator, rcewmembership@rapecrisis.org.uk

Biographic Notes

Katy Taylor, National Membership Co-ordinator, Rape Crisis England & Wales
As the National Membership Coordinator, Katy is responsible for assisting Rape Crisis Centres to develop their services, increase their capacity and ensure their survival in the current political and economic climate. This includes support to lobby local and national governments for more sustainable funding, setting up peer support and information sharing networks, help to evidence outcomes and strategic planning.
Katy has working with women-led organisations in the independent, dedicated, specialist violence against women and girls (VAWG) sector at national level for the last three years.
Her previous frontline experience includes support work with survivors of domestic violence and asylum seeking families. She has also worked on a consultancy basis with the public sector to review local authority services provided to looked after children and care leavers.

Marianna Tortell, National Performance Co-ordinator, Rape Crisis England & Wales (RCEW)
As the National Performance Co-ordinator, Marianna leads on developing the Rape Crisis National Service Standards and implementing the internal validation process. In addition, she works closely with Violence Against Women and Girls (VAWG) sector partners on joint pieces of work, provides support to RCEW member Centres and represents RCEW at local and national events.
Marianna has been working with violence against women and girls for 20 years, in the UK, Malta and New Zealand. In that time, she has co-ordinated a community-based sexual violence service, provided training and consultancy on issues relating to violence against women, worked as Deputy Chief Executive of a London-based VAWG specialist, Domestic Violence Co-ordinator of an inner London Borough, Interim Director of a (UK) local Rape Crisis service and Interim Chief Executive of Galop, which provides specialist services to LGBT people affected by sexual violence, hate crime and domestic abuse in Greater London. She has also been involved in establishing new Rape Crisis Centres.
Marianna is an Independent Assessor of domestic violence perpetrator programmes in England and Wales for Respect and prepares expert reports for solicitors in cases involving sexual violence, domestic violence and sexuality.

DATA IN ACTION EFFECTING CHANGE - FROM SURVIVORS TO POLICY

Author

Cliona Saidlear (Rape Crisis Network Ireland, IE)

Presenter

Elaine Mears (Rape Crisis Network Ireland, IE)

Abstract

Good data is of profound value in creating appropriate responses to sexual violence and social change towards prevention. While the process of developing comparable European and international definitions and collection is underway, Ireland has been recognised by EIGE as a forerunner in best practice through the national online data collection system RCNI have developed over the past decade. Here we outline how that commitment of resources to gathering accurate and reliable data translates into policy change.

This paper outlines research conducted by the RCNI using our national database of survivors who use rape crisis centres in Ireland in order to demonstrate the pathway from data to transformation. The Irish state has been building new structures to promote child wellbeing and to respond to the vulnerability of children to all forms of neglect and abuse. This has included a government Minister for children and young people, with a Department and a Child and Family Agency which brings together all services and professionals both statutory and non-governmental, aimed at child wellbeing and protection.

It became increasingly of concern to RCNI that the definition of the issues and solutions were biased towards experiences of the younger child. It was also clear to us from individual survivors and rape crisis counsellors that the older child had a range of unmet needs. RCNI set about examining our data to outline and describe the experiences of children disaggregating across a range of variables. What we found and were able to demonstrate were profound differences in experiences and vulnerability across a child's age and gender. An RCNI report, 'Hearing child survivors of sexual violence: Towards a national response,' was published which categorised key divisions and markers across childhood. This introduced new ways of framing the needs and vulnerability of all children and sparked a series of conversations across the government and public service. The RCNI outlined the findings of this national conversation in a report called, 'The Older Child and Sexual Violence: Questions and challenges for a national response.' RCNI also commissioned a key piece of qualitative research on attitudes and understandings of sexual consent amongst 18 – 22 year olds. This report is entitled 'Young People, Alcohol and Sex: What's consent got to do with it?'

Out of this initiative the policy landscape has been transformed with a recognition that the older child needs a tailored and concerted response which differs from existing one-size-fits all child protection. This has been facilitated and would not have become visible but for the gathering of and analysis of national data from survivors about their individual experiences of sexual violence.

Biographic Notes:

Cliona Saidlear

- Policy and Communications Director, Rape Crisis Network Ireland;
- Chairperson of 3rd ICSoR, Galway, Ireland;
- Management and development team of RCNI National Knowledge Initiative, a real time national data collection system with anonymised information from survivors and others attending Rape Crisis Centres. This demographic, abuse, and service usage data analysis is used for a range of research, including that carried out in-house, research in specialist academic partnership, and research in collaboration with other specialist organisations;
- Development, piloting, evaluation and running of national educational programmes on primary prevention, bystander engagement and secondary prevention;
- Development of sectoral and national guidance on awareness raising, prevention and campaigning;
- PhD in International Politics, University of Wales Aberystwyth.

Elaine Mears is the Data and Services Information Manager for RCNI. Elaine coordinates the different processes involved in the RCNI Data and Knowledge Collection System, from liaising with the software architects to Rape Crisis training to analysis. She holds a BA in English, Media and Cultural Studies and an LL.M in International Human Rights Law.

CRIMINAL PROFILING, VIOLENCE RISK ASSESSMENT AND THE DEFINITION OF A RAPE OFFENDER'S TYPOLOGY

Speakers:

Raquel Guerra (Escola de Policia Judiciária / Portuguese Judiciary Police, PT)
Cristina Soeiro (Escola de Policia Judiciária / Portuguese Judiciary Police, PT)

Abstract

This presentation aims to analyze *different criminal profiles associated to the sexual violent crimes associated with rape cases, taking into account variables like the offenders' characteristics, victim, their criminal behavior and violence risk factors. The data collection was gathered using the Research Questionnaire for the Violent Offender for the Crime of Rape (GPS- EPJ,2006). The typologies exposed in this presentation were obtained from cases investigated by the Portuguese Judiciary Police. The data bases gathering cases information between 2000 and 2012. The data was analyzed using the statistical procedure multiple correspondence analysis (ACM), and thru them, four different typologies were identified with four criminal profiles each.* that define the existence of different sort of aggressors: criminal rape profile by opportunity, criminal rape profile by aggressive behaviour, criminal rape profile by sexual nature and, at last, the criminal rape profile in a criminal context. There were replicated some of the profiles from the typologies of Groth (1979) and Knight and Prentky (1990).*These typologies define the existence of different types of offenders and different levels of risk of violence.*

Biographic Notes

Raquel Reis Guerra

- Especialista Superior da Polícia Judiciária
- Psicóloga do Gabinete de Psicologia e Seleção da Escola de Polícia Judiciária desde 2006.
- Docente da Escola de Polícia Judiciaria.
- Especialista Superior no Laboratório de Polícia Científica entre 2001 e 2006
- Licenciada em Psicologia Clínica pela Universidade de Coimbra.

Áreas em que desenvolve projetos de investigação:

- Estudo do comportamento de agressores violentos.
- Tipologias do comportamento criminal. Perfis Criminais
- Avaliação e Gestão de Risco de Agressores Sexuais e Agressores Violentos.

Cristina Branca Bento de Matos Soeiro (c.soeiro@netcabo.pt; cristina.soeiro@pj.pt)

1. Formação Académica

- Doutoramento em Psicologia, área da Justiça, pelo Instituto de Educação e Psicologia, da Universidade do Minho.
- Mestre em Sociologia pelo Instituto de Ciências do Trabalho e Empresas - ISCTE.
- Licenciatura em Psicologia, pela Faculdade de Psicologia e Ciências da Educação - Universidade de Lisboa.

SEXUAL ASSAULT VICTIMS WHO DO NOT COMPLAIN TO THE POLICE: PROVISION OF SUPPORT AND FOLLOW-UP CARE IN A DEPARTMENT OF FORENSIC MEDICINE

Authors

Céline Denis, MD (Hopital Jean Verdier, Bondy, FR)
Thomas Lefevre, MD (Hopital Jean Verdier, Bondy, FR)
Patrick Chariot, MD (Hopital Jean Verdier, Bondy, FR)

Background

In France, 28% of victims of sexual or physical assaults report the assault to a health care professional and 10% of rape cases are reported to the police. Our Department of forensic medicine (Hôpital Jean Verdier, Bondy) has provided medical and forensic examinations requested by the police since 1989. In 2013, 613 persons were examined for reported or suspected sexual assault in our department. The convincing results of the sexual assault centres in a number of countries prompted us to extend our activity. Since March 1st 2014, we have provided support and follow-up care to any victim reporting a sexual assault, regardless of their intention to complain to the police.

Aim

To present our experience over the first months of this extended activity.

Methods

We are currently conducting a prospective descriptive study of victims of sexual assault, aged 15 years and over who do not complain to the police. Data collected include characteristics of the victims, of the assailants, of the assaults, of medico-legal examinations and of the follow-up care.

Results

So far (03/01/2014 – 11/07/2014) 13 individuals (F/M, 12/1; median age, 23 years; range, 16-71) have been examined without request of judicial authorities. In 11 cases, the time to examination was less than 7 days. The assailant was unknown to the victim in 4 cases, a person met more than 24 hours before the assault in 4 cases and an (ex)intimate partner in 3 cases. 8 of 13 individuals consulted for suspected sexual assault, in the context of recent alcohol intake in 5 cases and in the context of possible drug-facilitated sexual assault in 3 cases. Five of these 8 individuals also presented a psychic vulnerability. Six victims of 13 attended the 48 hours follow-up consultation and 3 of 13 attended the one month follow-up consultation. In one case, judicial authorities requested the transmission of the medical report. All 13 victims were advised to consult to our department: 9 came on a physician's advice, 2 came on the advice of a Women's Rights association, one came on a friend's advice and one was brought by police officers. Over the same period of time, 217 individuals aged 15 years and over (F/M, 209/8; median age, 22 years; range, 15-89) were examined on request of judicial authorities for reported or suspected sexual assault. The time to presentation after the assault was less than 7 days in 147 cases (70%). The assailant was unknown to the victim in 52 cases (24%), a person met more than 24 hours before the assault in 96 cases (44%) and an (ex)intimate partner in 64 cases (29%).

Conclusions

This extended activity is an opportunity to improve the support and follow-up care of sexual assault victims who do not want to be involved in a judicial process.

Biographic Notes

Patrick Chariot has been a forensic physician and a specialist in Addiction Medicine for 20 years. He is professor of Forensic Medicine at Paris 13 University and head of the Department of Forensic Medicine in Jean Verdier Hospital, in Bondy, in the Paris area.

Céline Denis has been a forensic physician and a general practitioner for 5 years. She is the head of a unit devoted to the care of victims of Sexual Assaults or Intimate Partner Violence within the Department of Forensic Medicine in Jean Verdier Hospital in Bondy, in the Paris area.

BACKGROUND FACTORS FROM 227 YOUNG GIRLS EXPOSED TO RAPE

Authors

Carin Nordenstam (Uppsala University and Stockholm County Counsil, Child and Adolescent Psychiatry, Stockholm, SE)
Doris Nilsson (Linköping University, SE)

Abstract

Stockholm South Hospital has an emergency clinic for raped women were victims of rape can turn to, soon or immediately when a rape has taken place. Every year about 600 women come to the hospital seeking help for being a rape victim. About 125 are girls under the age of 18 have annually come to the clinic. During 2009 and 2010, two hundred and twenty seven young adolescents' girls aged between 13-17 years old turned to this emergency clinic after a rape or attempted rape. In this study journal data has been collected as we mean that it is important to know the background about the rapes and of the girls, as much blame from others are common and as blame often if not always worn by the girl herself. It was shown that the girls in this study had a median age of 15 years old, 48% had not been drinking alcohol or taken other drugs , 45% were living with both mother and father and little more than 50% of the group had experienced trauma before. In this group of now re-victimized adolescents 43% had before experienced sexual abuse, physical abuse or both. 42% of this group of had former contact with child and adolescent psychiatry or social authorities. Conclusions from these background factors are that risk factors for being a victim of rape are former experiences of potential traumas such as sexual or physical abuse or both and intake of alcohol.

Biographic Notes

Carin Nordenstam is a PhD student with long clinical background as a socialworker and a therapist in the field of sexually abused children and adolescents.

Doris Nilsson is an Associate professor at Linköping University with a long clinical background as a licensed psychologist and psychotherapist and has many years worked with sexually abused children and adolescents.

PSYCHOSOCIAL VULNERABILITY AMONG PATIENTS AT A NORWEGIAN SEXUAL ASSAULT CENTER

Authors

Bjarte Vik (The Norwegian University of Science and Technology (NTNU)/ St. Olavs Hospital, Centre for Neuropsychiatry, Trondheim University Hospital, NO)
Cecilie Hagemann (The Norwegian University of Science and Technology (NTNU)/ St. Olavs Hospital, Trondheim University Hospital, NO)
Berit Schei (The Norwegian University of Science and Technology (NTNU), NO)
Kirsten Rasmussen (Brøset Centre for Research and Education in Forensic Psychiatry, St. Olavs Hospital, Trondheim University Hospital, NO)
Jim Aage Nøttestad (Brøset Centre for Research and Education in Forensic Psychiatry, St. Olavs Hospital, Trondheim University Hospital, NO)

Background

From 1989 the sexual assault center (SAC) at St. Olavs Hospital, Trondheim, Norway has offered medical assistance and forensic examination to sexually assaulted victims. The patients receive acute medical and forensic care, including treatment and documentation of injuries, collection of biological trace evidence, laboratory testing and psychosocial crisis intervention. The sexual assault center receives approximately 100 patients each year.

Objective

The purpose of the study was to assess the occurrence of specific vulnerability factors among adult and adolescent females attending a SAC in Trondheim, Norway. We also explored assault characteristics and investigated whether these characteristics differed between the group of patients with vulnerability factors compared with the group without such factors.

Methods

Retrospective descriptive study of women ≥ 12 years of age attending the SAC at St. Olavs Hospital between July 1, 2003 and December 31, 2010. Included in the study were 573 patients in whom information about medical history and medical examination after the assault were sufficiently documented in the medical records. A patient was considered vulnerable if at least one of the following features was present: intellectual or physical disability; history of present / former mental health problems; history of present / former alcohol /substance abuse or former sexual assault. Chi-square or Kruskall-Wallis tests were used for the comparisons.

Results

At least one vulnerability factor was present in 61% of the cases, of which 9% had intellectual or physical disability, 41% had a history of present/ former mental health problems, 9% had present or former alcohol / substance abuse and nearly all of these reported to have a mental health problem. In 35% of the cases patients reported prior sexual assault. The patients' mean age was 24 years in the vulnerability group and 21 years among those without vulnerability ($p<0.001$), while the corresponding assailant mean age was 30 and 26 years, respectively ($p=0.012$). When the patients had a vulnerability, this was associated with the assault happening between 07:00 and 24:00. The patients without vulnerability reported significantly higher intake of alcohol

before the assault than the patients with vulnerability. There were increased frequencies of known assailant (family/ acquaintance) in the vulnerable patients compared with those without vulnerability ($p<0.001$). Use of violence was reported more often and, correspondingly, bodily injury was documented more often in the vulnerability group compared with those without vulnerability ($p=0.012$ and 0.005, respectively).

Conclusions

The results in this study show that there are obvious patterns of differences in the nature of sexual assaults committed against victims with specific vulnerability factors compared with victims without these factors. Today`s knowledge on this topic is sparse and future research should address possible solutions for better protection of especially vulnerable individuals against sexual offences, e.g. regarding mental health and substance abuse.

Biographic Notes

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- Worked as a consulting general practitioner (GP) 2004-2006
- 10 years experience as a doctor in the field of psychiatry at St. Olavs University Hospital in Trondheim, Norway
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- Clinical experience from outpatient and inpatient settings within general psychiatry, acute psychiatry, neuropsychiatry
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FORENSIC GENETICS OUTCOMES IN VICTIMS OF CHILD SEXUAL ABUSE – IMPLICATION FOR CLINICAL FORENSIC MEDICINE

Authors

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Introduction

Child sexual abuse accounts for a broad range of practices, from fondling to penetration. The medico-legal examination is a critical means of evidence, compulsory by law in Portugal, including provisions for urgent medical examinations, meant to guarantee the retrieval of biological evidences[33,34]. However, the medical intervention cannot be pigeonholed to the inspection of the genital area and the recovery of such samples. The history of the event and the psychological symptoms of the child are usually the most relevant evidences of such events[35].

Even so, nowadays DNA evidence is particularly relevant, even from a social standpoint[364]. There are no strict rules for the collection of biological samples in the protocols in use at the South Branch of the National Institute of Legal Medicine and Forensic Sciences (SB-NILMFS), being the decision left to the clinical judgment of the medical expert. The forensic evidence kit in use contains consent forms, laboratory exam request forms, as well as swabs, slides, paper envelopes and self-sealing uniquely numbered plastic bags. These are used for the collection of oral, vaginal, anal, skin or other appropriate samples, as well as clothes or linens. In sum, for the collection of samples, that can contain biological material helpful in making the diagnosis of sexual abuse and identifying an abuser.

The objective of this study was to characterize the victims of alleged child sexual abuse, examined at the SB-NILMFS in a three years period (2009 to 2011), with a focus on exploring the results from forensic genetics, based on the forensic biological samples collected at the time of the medical examination.

Material and Methods

Retrospective observational study of all the medico-legal reports produced at the SB-NILMFS in a three years period (January of 2009 to December of 2011), concerning the forensic medical examination of alleged victims of child sexual abuse (under 14 years of age).

The children were examined by specialists in legal medicine, at the request of the investigating police authorities or other referring physicians, in emergency settings (ES) and non-emergency settings (NES). In

[33] Lei n° 45/2004, de 19 de Agosto.

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[35] Alexander, R.A. (2011). Medical advances in child sexual abuse. *Journal of Child Sexual Abuse*, 20, 481-485.

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Portugal, ‘‘emergency’’ in this setting is commonly defined as a medical forensic examination performed in a generic “window period”, when the retrieval of biological evidence might still be feasible – usually of about 72 hours after the abusive event.

We reviewed the medical records of all of the 382 identified consecutive cases, including, whenever available, demographic data; circumstantial details of the abuse, including clinical information and other provided by the authorities; and the history of the sexual offence, as disclosed by the child and accompanying person(s).

Additionally, in the cases with forensic biological samples collection, the laboratory reports from forensic genetics were reviewed and matched to the clinical reports. All biological samples were processed in-house, at the Biology and Forensic Genetics department of the SB-NILMFS.

At the Biology and Forensic Genetics department of the SB-NILMFS, samples go through several triage procedures and, according to the cases’ specificities, after the DNA extraction, PCR amplification is performed for the identification of autossomic STR profiles (using AmpFLSTR® Identifiler® Plus PCR amplification kit or PowerPlex® 16 HS system multiplexes) or Y-STR profiles (using PowerPlex® Y system or AmpFLSTR® Yfiler® PCR amplification kit multiplexes).

For the purpose of this retrospective analysis, forensic genetic results were defined as “positive” when a profile (autossomic STR or Y-STR) different from that of the victim was identified in any of the processed samples.

Sexually transmitted infections, although very relevant to the study of child sexual abuse, are not processed at our lab and will not be discussed in this paper.

Descriptive, univariate and multifactorial analysis was performed, with significance set at $p < 0,05$.

Results

We identified 382 cases, mostly concerning female victims (74%). Age distribution was not normally distributed (Kolmogorov-Smirnov, $p < 0,0001$). Overall, the median age was 7 years.

Over a third of the cases (38%) were observed in ES (with less than 72 hours elapsed from the event), and 42% were observed in NES. For the remaining 20% of the cases, the time elapsed since the last abusive contact could not be determined. The cases observed in ES were not significantly different from those observed in NES, concerning age (Mann-Whitney, $p = 0,166$) or sex (chi-square, $p = 0,364$).

Over half of the cases (54%) resulted from intra-familiar abuse (IF), meaning that the abuser was either the father or stepfather (55% of IF cases), or any other family member. About a third of the cases (35%) resulted from extra-familiar abuse (EF), and in the remainder 11% the relationship with the alleged abuser could not be determined.

About one third (36%) of the children reported some form of penetration (oral, vaginal or anal). These had a median age of 11 years, older than those that reported less invasive forms of abuse, with a median age of 6 years (Mann-Whitney, $p < 0,001$).

We set forward to explore the variables that might influence the medical decision to collect biological samples. Since the occurrence of vaginal penetration was expected to be significant, a different logistic regression model was studied for each sex, with the collection of biological samples at the time of the medical examination as the dependent variable.

For females, the predictor variables that we found to produce the best model, were the registered occurrence of vaginal penetration, the occurrence of anal penetration, and the amount of time elapsed since the last abusive episode, set as a variable with four categories: < 24 hours; 24 – 47 hours; 48 – 72 hours; > 72 hours. The age of the victim, the registered occurrence of oral penetration, washing after the abuse and ejaculation of the abuser, were found not to be significant in preliminary models.

A total of 237 cases were included in the analysis; 17% of the females were excluded, since we can't have any missing values in the model. The full model significantly predicted the collection of biological samples at the time of medical examination (chi-square, p < 0,001). Overall, 79% of the model's predictions were accurate. The results show that being examined in the 24 hours following the abuse increases the odds of samples collection by a factor of 30, when compared to those examined after 72 hours have elapsed. Table 1 shows the results for each variable included in the equation.

Predictor variables	B	p (Wald)	Odds ratio (95% CI)
Time elapsed (< 24 h)	3,386	< 0,001	29,55 (11,96 – 73,03)
Time elapsed (24 - 47 h)	3,313	< 0,001	27,47 (8,75 – 86,25)
Time elapsed (48 - 72 h)	3,075	< 0,001	21,65 (6,45 – 72,64)
Vaginal penetration	0,993	0,013	2,70 (1,24 – 5,89)
Anal penetration	1,415	0,013	4,12 (1,35 – 12,52)
Constant	-3,090		

Table 1: Predictor variables in the logistic regression equation, for females; dependent variable: collection of biological samples at the time of the medical examination (yes / no).

The design of a similar model was attempted for males, but due to the small sample size, none was found successful.

Biological samples were collected and processed in 114 cases, mostly in ES (90%). This group had a significantly higher proportion (chi-square, p < 0,05) of females (82%), than the group in which no biological samples were collected (71%). There was no difference in the age of the victims when comparing these groups.

The most commonly collected biological samples were vaginal swabs (in 78 cases), followed by clothing (46 cases, mostly underpants) and anal swabs (in 45 cases).

Most of the cases (94%) were analyzed, through PCR methodology, using Y-STRs commercial kits (AmpFLSTR® Yfiler® in 78 cases and PowerPlex® Y in 29 cases). In 11% of the cases, autossomic STRs multiplexes were used (PowerPlex® 16 HS in 12 and AmpFLSTR® Identifiler® Plus in just one). The percentages don't add up to 100% because in 11 cases, both an Y-DNA and an autossomic multiplex were used.

Overall, the forensic genetics results were positive in 16 of the 114 cases processed (14%), 14 of them in females and 10 of them in children with 12 years of age or older. Out of the 16 positive cases, 13 resulted from cases examined in ES. The most productive samples were the anal swabs and the underpants, both returning about 10% positives.

Discussion and conclusions

In our sample, the medical rationale for biological sample collection seems to be the following, at least when dealing with female victims: regardless of the age, collect samples when a vaginal or anal penetration occurred less than 72 hours before the medical examination.

Accordingly, biological samples were collected in 114 of the 382 children examined, or about 30%. Positive genetic profiles were obtained in 16 of those cases. This represents less than 5% of total children examined.

This exposes a serious limitation of our study, as the low absolute number of positive results limits the scope of the analysis we can perform.

It is also true that a pure quantitative analysis cannot possibly encompass the full spectrum of consequences a single result can entail. That is not our point, as every single one of these results, positive or negative, is surely very relevant in the specific context of the case.

What we see in our results, is that the biological samples are collected, a priori, in cases with a supposed higher probability of success. We obviously can't tell if this is true for our sample, as we can't analyze what wasn't process. We would need a different methodology to determine whether we are collecting samples in the "right cases", meaning those with a higher chance for positive results.

But, when we have positive biological samples in just 5% of the overall cases, we should carefully discuss the way we are performing urgent examinations. The emotional needs of the child and respective family, as well as the psychological symptoms, will most probably be more relevant than potential results from biological samples.

The benefits of a timely examination, perhaps done in less than optimal conditions for the collection of the history of the event, have to be carefully considered. The contributions from forensic biology are an extraordinary contribution to the quality of the overall examination, but we should consider them in the broader context of a complex event, as is the sexual abuse of children.

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Biographic Notes

Tiago Costa

- Master degree in medicine by the Institute of Biomedical Sciences Abel Salazar, Porto University.
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PARALLEL SESSION

Primary Prevention and Education & Prevention and Combat against Rape at European level

ENGAGING YOUTH VOICES IN PREVENTION OF SEXUAL ABUSE AND RAPE

Authors

Princess Olufemi-Kayode (Media Concern Initiative for Women & Children, NG)
Folake Modupe Bankole (Media Concern Initiative for Women & Children, NG)

Background

Media Concern Initiative - for Women & Children aka MediaCon is a charity organisation that works on sexual violence response in Nigeria and Africa. In 2000, Princess Olufemi-Kayode had two full pages on a national widely read newspaper – Punch Newspaper and wrote on Nobody is Talking About Child Sexual Abuse. The response was enormous as over 2000 adults responded and spoke about their abuses as children and the consequences they still lived with. MediaCon was born from that nearly one year interaction with adult survivors with Princess being a survivor herself. MediaCon was birthed. Sexual abuse against children came into limelight with 'Breaking the Silence' media campaign in 2003. With media highly sensitized, reportage took a new dimension. Sexual violence against children reportage tripled in a year and has been on increase currently with over 20 cases in a month per media (MediaCon June 2014 media monitoring report). There are no prevention programmes in schools, religious organisations nor by government. Huge silence fuels sexual abuses as immediate family and society rather keep mute. There was need for a shift to incorporate prevention measures and interventions and this time with children's involvement. The Child's Right Act was enacted in 2007 with the States enacting their Child Rights Laws. With this, the stage was set for the right platform for children to exercise their right to participation in issues that affect them particularly Protection. MediaCon programmes have involved children in both prevention and provision of crisis response providing the arena to express their views and participate. This took off in 2007, when we set up the first Children Advisory Board. We have had two different set to date.

Methodology

In 2007, MediaCon embarked on the children's in prevention and provision of crisis support. We established the Children's' Advisory Board to ensure the rights of children to contribute to issues that affected them such as prevention of sexual violence from occurring. First with 'More About Me' project, then to writing and production of Children's Monologues, Peer Education Programme, Adobe Youth Voices, 3Ms Club (Me, My Body & My Sexuality), Essays and more. The first Board has 12 children who contributed and participated in the production of 'More About Me' materials - a body song recorded in the studio, a video recording and a talk show discussion on prevention. At one of the Board meetings, the children called for Children's Monologues, taking cue from Eve Ensler's Vagina Monologue. Students from all schools in the state were invited to send in entries such as poetry, short stories and other creative writing forms. A writer's workshop was held with over 20 selected creative students across 15 schools for development of the monologues. The Creative director for the Vagina Monologues was on ground to contribute to training. The Monologues was staged in 2010 after conclusion of the writings of the monologues. It was highly creative. Lessons learnt from that Board assisted in setting up the second Board, which was set up in 2012. Children within the ages of 10 - 14 were randomly selected to become members of the Children's Advisory Board. A total of 17 were selected and with parental consent constituted the 15 member advisory board with 6 males and 9 females. They met eight times within a 12 month period. They had a Facebook group where they could monitor and continue the discussion on their planned intervention. Other children initiatives were incorporated with partners such as the Adobe Youth Voices where children were trained on youth media and Adobe tools to express their concerns with multimedia. Peer education training held for over 300 students within a period of four years. Me, My Body & My Sexuality FAQ book was published as a result of the work of the second set of Children's Advisory Board

well as the establishment of the 3Ms Club were established in various secondary schools. The children who were trained on Youth Media with Adobe software held an exhibition of some of their works involving various challenges predisposing them to danger of sexual violations. Over 500 Peer Educators have been trained and equipped with sexual abuse prevention information as well as crisis - if it happens what to do. Now, more emphasis is on engaging social media.

Result

Over 300 children have been actively involved in contributing to interventions on prevention. They were listened to, views and opinions respected. Life building skills were developed in the process. Amongst first set of Board members, over 70% have gained admission into universities and pursuing careers in professions that will contribute to the response against sexual violence. Save Our Soul (SOS) document was delivered to the State House of Assembly and presented to the Speaker of the House of Assembly in 2008 with over 500 signatures collected from other children. They wanted a special song to be written, sang and produced by a famous artist. Song produced with copyright issued MediaCon. They had a talk show on prevention. In addition, they produced a video. In addition, they produced a documentary among other things. Children emphasized protection and enforcement of the laws. Children contributed to the prevention intervention through various strategies. Children who were victims of sexual abuse were accessed and received care. Over 43,700 other peers have been reached by Peer Educators over 3years by Peer Educators. Over 20 monologues written and 15 performed on stage. Exhibition of Adobe Youth Voices held with display of video productions, photographs, still works, collage, documentaries and more. The Me, My Body & Sexuality Frequently Asked Question Book was published consisting of questions asked by adolescents over 5 years at various meetings. This provided participating children opportunity to develop Empathy culture

Conclusion

The results of their intervention showed that we can expand on child participation in proffering prevention interventions and reducing sexual violence against children. Children with their dynamic minds have much to contribute to prevention of the heinous plague of sexual violence. It is time to listen to their voices. These interventions did not target out of school children or street children.

Biographic Notes

Princess Olufemi-Kayode is a journalist turned Psychologist with specialization in Criminal Justice, Forensic Interviewer and Trauma Management counselor and is a survivor of Child Sexual Abuse & Rape. Through her leadership, MediaCon has contributed largely to change the landscape of prevention and response to sexual violence in Nigeria by creating the first Rape Crisis Centre model in Nigeria in 2005, initiating Multisectoral approach to crisis response. In 2010, together with colleague and co-author, Folake M. Bankole won 'Best Poster Award' in the ICSoR, Utrecht, Netherlands. She is recipients to numerous national and international awards.

Folake M. Bankole is a registered social worker and Senior Victim Advocate and head of Crisis Response Center of Media Concern Initiative. She has a Masters of Social Work from the University of Ibadan and is a member of the General Social Care Council, United Kingdom. She is trained in Helpline Management, Victim Advocacy and Trauma Management.

ADOLESCENT SEXUAL VIOLENCE PREVENTION PROGRAMS: A REVIEW OF THE LITERATURE

Authors

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Background

Adolescent sexual violence is a significant problem, with victims and societies experiencing far-reaching social, physical and mental health consequences following incidents of forced sex. Educational intervention programs have been proposed to reduce the prevalence of peer-on-peer adolescent sexual violence, targeting factors, identified as precursors of both sexual violence victimization and/or sexual violence perpetration.

Objective

The objective of the present literature study was to assess the efficacy of various educational intervention programs designed to reduce the prevalence of sexual violence among adolescents.

Selection criteria

We searched a number of electronic databases, including Applied Social Science Index and Abstracts, Cinahl, Cochrane, Embase, ERIC, PsychINFO, PubMED, and Sociological Abstracts, using the following combination of words: rape OR sex* assault* OR sex* victim* OR sex* abuse* OR sex* violen* OR sex* offen* OR sex* predat* OR sex* perpetrat* AND prevent* OR intervent* OR program* OR educat* OR reduc* AND evaluat* OR assess* OR effect* OR measure* OR review* OR meta analy* OR evidenc* OR outcome*AND adolesc* OR young* OR youth* OR pupil* OR boy* OR girl* OR teen* OR middle school* OR high school* OR student*AND PY=2000 – present. We also hand searched the reference list of key articles, and contacted relevant researchers in the field. Selection criteria included year of publication, publication language, type of publication, participant age, a specific focus on prevention, and a reported effect of the intervention (pre-post/control group).

Analysis

Minimum two review authors independently assessed study eligibility and study quality. For each study included in the review, data were extracted independently by minimum two review authors. During the process, we testes for inter rater reliability. We conducted individual study effect sizes (Cohen's d) for the following primary outcomes: episodes of sexual violence, and for the following secondary outcomes: knowledge, attitudes, and behavior.

Preliminary results

We included 27 original studies, based on 26 different interventions. Five of the 26 interventions reported a primary outcome, whereas 25 of the 26 interventions reported a secondary outcome, including knowledge (14 interventions), attitudes (20 interventions) and behaviors (6 interventions).

Biographic Notes

Rikke Holm Bramsen, Assistant Professor at the Department of Psychology, University of Southern Denmark

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PROJECT UNISEXO – PREVENTION OF SEXUAL VIOLENCE AMONG COLLEGE STUDENTS

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Project Unisexo

Project Unisexo – prevention of sexual violence in higher education, promoted by the Portuguese Association for Victim Support (APAV), aims at strengthening APAV's intervention in the field of prevention of sexual violence within the University context, focusing in particular in intimate partner sexual violence.

The project started in September 2011 and will end in December 2014. It is financed by programme QREN/POPH (National Strategic Reference Framework/ **Human Potential Operational Programme**), line 7-gender equality, measure 7.3 – technical support and funding of Non Governmental Organizations (NGO's), managed by the Commission for Citizenship and Gender Equality (CIG).

The project is being developed in the city of Coimbra, one of the Portuguese cities with the strongest academic tradition, with an estimated number of more than 30.000 students in higher education institutions that attend different levels of education (graduation, masters, post-graduations and PhDs). Two major academic festivities take place every year, one in the first week of May, the traditional "Queima das Fitas", and the other during the month of October, known as "Festa das Latas". These festivities are well known for the substance abuse, freedom and permissiveness, namely in what concerns sexual behaviors. The excessive use of alcohol and other substances together with a party environment are considered risk factors for the occurrence of sexual crimes. The activities developed under this project pay special attention to intimate partner relationships between higher education students', be it a dating relationship or an occasional relationship.

International research developed in Europe and the USA point out a prevalence rate of 25% to 30% of female victims of sexual violence, from which 75% to 90% did not report the criminal offences to the authorities nor to support services. This lack of reporting is in great part due to the obstacles the victim will have to face. These challenges arise from the extreme sensitivity surrounding this type of crime, namely feelings of shame, guilt, lack of trust in the criminal justice system, fear of being discredited and her or his testimony put into question. Hence, myths associated to sexual violence, the devaluation of forced sex in intimate partner relationships and minor sexual acts can lead victims not to perceive the violence they have experienced as a crime.

A Portuguese research developed by the University of Minho (Martins, 2013), intended to portray the reality of sexual violence among higher education students, revealed that 30% of respondents reported having experienced at least one nonconsensual sexual act. Among these respondents with sexual victimization experiences 60% were female and 40% male.

Information and training for students and the whole higher education community used in this Project aims at preventing risk behaviors, facilitate access to support services, increase empathy towards victims of sexual crimes and deconstructing myths associated to these crimes. Project Unisexo also intended to deepen existing knowledge on sexual violence against adult victims, both at a theoretical level and at a practical intervention

level and to promote best practices dissemination within the professionals working with victims of sexual crimes.

We would highlight the following activities/outcomes:

1. **Focus groups:** Promoting group discussions with higher education students to collect information regarding the perception of sexual violence and other related issues. These were led in partnership with the Social Studies Centre of the University of Coimbra – Trauma Centre. There were 6 focus groups (2 mixed groups, 2 female only, 2 male only), with a total of 58 participants, 26 of which were male and 32 female, with ages ranging between 18 and 25 years old. As a result of this activity a report was written, entitled "Not to be lost in the world – rituals, friendliness and intimate relationships in higher education".
2. **Workshops:** The goal was to disseminate prevention and safety strategies, challenge myths on sexual violence and enhance communication and assertiveness skills. A total of 737 higher education students were involved, 632 female and 105 male.
3. **Awareness raising Campaign:** The awareness raising campaign targeted higher education students and used advertisement means. It was made possible through a patronage sponsorship with the Agency Grey Group (nowadays ExcentricGrey) and was launched in the academic festivity "Festa das Latas" of 2012, and replicated in the "Queimas das Fitas" and "Festas das Latas" of the two years that followed. The means used were as follows: posters, flyers, mupis, video and radio spots, advertising in buses, stickers, bookmarks, and placemats for higher education institutions' canteens.
4. **Seminar Unisexo** - reflecting on sexual violence and intimate violence in higher education. Its main objective was pondering upon the theme of sexual violence, particularly focused on the dissemination of information on best practices of intervention and research. 99 participants from all fields of work and representatives from varied entities were present.
5. **Handbook Unisexo** – supporting adult victims of sexual violence: this is a manual divided in two parts "understanding" and "intervening", with the goal of disseminating best practices in the support provided to adult victims of sexual violence. It is available for download on APAV's website.
6. **Contest for prevention materials/posters:** the objective was to engage higher education students in the creation process of prevention materials targeting their peers. 11 proposals were sent. The winner poster was disseminated within the campaign, being used for mupis, advertising in buses and placemats.
7. **Series of conferences Unisexo:** the aim was to increase knowledge of sexuality and affection as boosts for respectful sexual and relationship experiences. There were 3 conferences, to which a total of 97 people attended.
8. **Microsite on Sexual Violence:** information is also to be made available through a microsite to be launched soon by APAV.

Final remarks:

Prevention of sexual violence is highly neglected in Portugal, especially among young adults in the context of higher education, a group with rates of prevalence of this type of criminality above the general population.

Higher education students are especially vulnerable to this type of criminality, which is due to the physical and social environment surrounding them, as well as to a lack of information and awareness of the students themselves of the risk.

Considering this context and the characteristics of this population, one of the major challenges is how to involve the students themselves in the processes of awareness raising and prevention of sexual violence, taking into account that such issues are far from this youth daily concerns, as these are viewed as "adult" issues and, therefore, far from their world.

We believe that this project launches the grounds for greater visibility of the theme of sexual violence in higher education among the university community and the general population, leading way for future prevention actions.

Biographic Notes

Natália Cardoso is graduated in Law, from the University of Coimbra, and graduated in Theatre and Education, by the Superior School of Education of Coimbra. Between 1994 and 1997 she was a volunteer at the Victim Support Coimbra of APAV. In 1997 she took the role of Manager of the Victim Support Coimbra.
Has experience in training volunteers and other professionals on different subjects, such as victim support, domestic violence, child victims and school violence. She is the author of the paper "The dramatic play in prevention of bullying: some experiences of intervention of APAV", published in "Interacções".
From 2011 to now, she is the Manager of the "Project Unisexo – prevention of sexual violence among college students".

AN EXAMINATION OF SEXUAL ASSAULTS WITH SPECIFIC FOCUS ON COMPARISONS BETWEEN ASSAILANTS IN INTIMATE PARTNER RELATIONSHIPS AND ASSAILANTS IN OTHER RELATIONSHIPS - A STUDY OF POLICE REPORTED RAPES AND ATTEMPTED RAPES IN SØR-TRØNDELAG POLICE DISTRICT

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Background

A considerable amount of rapes reported to the police and healthcare system happen in intimate partner relationships. There is, however, limited knowledge regarding characteristics of intimate partner rape in a Norwegian context, and furthermore limited information on characteristics associated with the assailant of intimate partner rape. Such information could be important in the development of more tailored prevention programs. Knowledge related to violence and injury, assailant alcohol consumption, victim vulnerability factors and characteristics associated with the legal process could potentially provide important information in deepening our understanding of intimate partner rape assailants, and intimate partner rapes in general

Aims

To explore characteristics of rape in intimate partner relationships with a particular focus on assailant characteristics. Furthermore characteristics associated with the assaults, victim vulnerability factors and the legal process will be explored.

Method

Retrospective, descriptive study, based on 569 police-reported rapes and attempted rapes in the Sør-Trøndelag Police District (1997 – 2010). Intimate partner rapes were compared to non-partner rapes, regarding rape types, on characteristics related to the assailant, the assault, victim characteristics, and the legal process. Pearson's $\chi 2$ test, Exact Unconditional test (or Fisher's Exact test), Pearson's $\chi 2$ test of heterogeneity, or Kruskal-Wallis were used as appropriate. Missing cases were not included when statistical tests were performed.

Results

Reported relationship status (n=558) consisted of n=82 intimate partner relationships and n=476 non-partner relationships. The non-partner relationship group comprised friends/acquaintances/family (n=224), casual acquaintances (n=148), and strangers (n=104). Median age of assailant was 33 and 28 years for partners and non-partners, respectively. Calculated median victim age was 28 and 21 years for partners and non-partners, respectively. Body injury was present in 78% of partner rapes and 60% of non-partner rapes. There were more moderate/serious injuries in the partner category compared to the non-partner category ($p<.001$). Anogenital

injury was present in 9% of intimate partner rapes and 24% of non-partner rapes, (p=.11). Degree of physical violence was associated with rape type as intimate partner relationship was associated with more severe physical violence compared to non-partner relationships (p<.005). Intake of alcohol was less often reported among intimate partner assailants compared to non-partner assailants (p<.001). There was more reported vulnerability related to victims in intimate partner relationships (63%), compared to non-partner relationships (54%),(p=.30). The overall rate of charge-filing was low (11%). There were more charges filed among non-partner assailants (12%), compared to partner-assailants (9%). More of the cases with an intimate partner assailant resulted in charges not filed, 79% compared to 53% of non-partner assailants. (p<.001).

Conclusions and implications

The associations presented here, are in line with some previous findings showing that the intimate partner assailant tend to be violent and is less often reported to be alcohol intoxicated during assaults. Being an intimate partner assailant is associated with a higher rate of charges not filed. Intimate partner rape should be regarded as a serious violation of human rights, and efforts should be put towards preventing such crimes.

Biographic Notes

Tina Marie Haraldseide is a student of Clinical Psychology at the Norwegian University of Science and Technology in Trondheim, Norway. She will graduate in 2015.

Jim Aage Nøttestad is Dr. Phil. and senior scientist at the Brøset Centre for Research and Education in Forensic Psychiatry. He is currently leading to large project on rapists for the Health authorities in Norway. His research has focused mainly on people with learning difficulties in the criminal justice system and sex offenders. He has also for many years worked as a clinician within maximum security services.

Kirsten Rasmussen is a professor in forensic psychology at the Norwegian University of Science and Technology in Trondheim, Norway. She is currently leading a project for forensic psychiatric services at the Brøset Centre for Research and Education in Forensic Psychiatry. Her research has focused mainly on mental health and violence, psychopathy, adult ADHD and violence risk assessment. She has also for many years worked as a clinician within maximum security services.

Berit Schei is a professor, Dr Med. at the Department of Public Health and General Practice at the Norwegian University of Science and Technology in Trondheim, Norway, and is a consultant at the Department of Gynaecology and Obstetrics, at St Olav's University Hospital.
Her main emphasis has been on research on Women's Health in general, both epidemiological and clinical research. Implemented women's health perspective in HUNT in 1995; osteoporosis and fractures being the main topic.

Cecilie Hagemann:

- Authorized as a Norwegian physician in 1996
- Worked at a hospital SAC since 1997
- Courses in legal medicine 2003 – 2004
- Consultant specialist in Obstetrics and Gynecology in 2004
- Senior SAC worker/supervisor since 2004
- SAC project coordinator during 2007
- Ph.D. project on sexual assault/rape from 2009
- Have personally performed a considerable percent of the SAC examinations included in this study
- Teacher at courses in legal medicine

PROTOCOL OF CONDUCT IN CASE OF SEXUAL VIOLENCE – ROLE AND IMPACT OF CIVIL SOCIETY ORGANIATIONS IN ITS DEVELOPMENT

Authors

Maja Mamula (Women's Room - Center for Sexual Rights, HR)
Maja Vukmanić Rajter (Women's Room - Center for Sexual Rights, HR)

The aim of this paper is to present how the Protocol of Conduct in Case of Sexual Violence was developed in Croatia, how many years it took for it to be officially adopted by the Croatian government, what its current applications are, and what the role and importance of civil society was in the process, primarily Women's Room.

Background

Croatia is a country in southern Europe, with a total population of 4 429 078 inhabitants, 2 292 847 of whom are women (51.8%). Of the total number of women, about 1.3 million are adults (older than 18).

Data on reported **sexual violence** to the police in Croatia show that reported crimes vary from 461 to 761 cases per year. Of these, about 100 rapes are reported annually. Women are victims in 86% of cases, the percentages vary from 47% to 99% depending on the offence (e.g. 95% for rape) (Mamula et al., 2011).

At the same time research data on the prevalence of sexual violence against women showed that 17.5% of women experienced rape or attempted rape during their lifetime (Women's Room, 2005). Of the total number of women who have experienced violence, only 5% reported it to the police (Mamula, 2006). The disproportion between the number of reports and number of cases of sexual violence is extremely alarming.

Furthermore, from the Women's Room experience in direct work with women survivors of sexual violence we realised that the process of reporting and processing cases of sexual violence is different from town to town and that there are no guides or instructions that would at least partially equalize the practice and treatment of victims.

The leading Network of governmental institutions and non-governmental organizations against sexual violence in the organization of the Women's Room (hereinafter referred to as Network GO/NGO) consists of about 30 representatives of all institutions responsible for reporting and processing sexual violence, and exists for 16 years already. However, the Women's Room team has realised that persons from these institutions are most frequently not even aware of the roles, duties and abilities of the other institutions involved.

Aim

For this reason, the Women's Room team began the process of drafting the Protocol of Conduct in Cases of Sexual Violence (hereinafter referred to as Protocol) as well as its adoption by the Croatian government. The main goals were introducing standardized conduct with victims of sexual violence, informing persons from all state institutions, bodies and civil society organizations about their responsibilities towards victims and ensuring efficient care and support to victims.

Development of the Protocol

The Women's Room lobbied for the development of the Protocol since 2002.

At the aforementioned Network GO/NGO we began expressing worry with the existing state and the need to introduce a specialized protocol for work with victims of sexual violence. In the framework of Network GO/NGO, as a first step we decided to develop a Protocol on conduct in the event of sexual violence in schools, which was a precursor to all protocols in Croatia. We succeeded in this, and the result was a book Sexual Violence in Schools and a poster, which were distributed in schools across Croatia.

Women's Room's next step was developing the document "Proposals for Changes related to sexual violence: changes to legislation, protection of victims and development of prevention programs" that was presented in Croatian Parliament in 2006. Parts of this document were included in the National Policy for the Promotion of Gender Equality 2006 - 2010.

Simultaneously, Network GO/NGO continued to develop a draft of the Protocol, which was discussed several times at annual Network meetings.

Based on the National Policy, the Governmental Office for Gender Equality established a Working Group to create an analysis and action plan to combat all forms of violence against women. An additional mandate of this Working group was the development of the Protocol. The working group was chaired by Maja Mamula, Ph.D, Coordinator of Women's Room. Members of the Working group included representatives of competent state bodies, county commissions for gender equality, institutions and civil society organizations. The consultation process during the preparation of the Draft Protocol included experts from the institutions for which the rules from the Protocol are binding, as well as stakeholders working in the area of protection of victims of gender-based violence. The development of the Protocol lasted nearly two years, during which each new or additional measure was backed by specific cases from Women's Room practice.

Results

After numerous strains and obstacles, the Protocol was complete. The Protocol was adopted by the Government of the Republic of Croatia at its 64th session held on November 29, 2012, following the proposal of the Office for Gender Equality. Coincidentally, this date was also Women's Room 10th birthday.

The Protocol is based on the laws and regulations and on the content and obligations prescribed by the National Policy for Promotion of Gender Equality for the period from 2011 to 2015 (Official Gazette RC 88/11), as well as Recommendation Rec (2002) 5 of the Committee of Ministers of the Council of Europe to member states on the protection of women from violence and Explanatory Memorandum.

The objectives of the Protocol are: the introduction of standardized conduct with victims of sexual violence, and standardized methods of data collection, documentation and storage of physical evidence; informing persons from all state institutions, bodies and civil society organizations working on the problem of sexual violence about their rights, responsibilities and opportunities; ensuring timely care, which provides emotional support to victims and reduces the risk of further development of traumatic disorders; providing quality medical care to victims of sexual violence, including examination, treatment, and monitoring the health of the victim; enabling the use of an interdisciplinary approach in providing assistance to victims; and ensuring the confidentiality of the collected data.

However, since the adoption, there have been several amendments to the Penal Code and the Law on Criminal Procedure. Every time, parts were changed in accordance with this. For this reason, the Protocol was printed and distributed for the first time by the Governmental Office for Gender Equality in 2014.

Conclusion and Implications

The existence and adoption of the Protocol is a significant success, victory and confirmation of the persistence and work of non-government organisations, foremost Women's Room. However, now we especially have a lot of work ahead of us.

Despite the fact that the Protocol was adopted, it is apparent that the goals set out in it have not been met in practice of direct work with victims of sexual violence, and there is still apparent lack of information among relevant institutions about its existence. Therefore, in Croatia the implementation of standardized practices of conduct with victims of sexual violence that would be considerate of the welfare of the victims is still non-consistent. Such a situation results in a highly traumatizing procedure of reporting and prosecution of sexual violence, which directly results in a small number of reports.

To ensure proper and systematic implementation of the Protocol, which should lead to more efficient work with victims of sexual violence, as well as the long term increase in the number of reports of sexual violence, specialized education for competent state bodies, county commissions for gender equality, institutions and civil society organizations on conduct prescribed by the Protocol are needed.

It is of crucial importance to inform representatives of competent institutions, agencies and organizations of the existence of international and national documents in order to ensure better protection of the rights of victims and encourage them to continuously monitor trends in work with victims in order to implement successful practices from Europe.

It is also necessary to advocate for the introduction of a body for monitoring the use of the Protocol if we want to know how the Protocol is being applied in practice, and what the required next steps are for its improvement, in order to ensure the provision of quality and comprehensive support and assistance to women victims of sexual violence.

Biographic Notes

Maja Mamula is an activist, feminist and psychologist who has has more than twenty years of experience in working with women survivors of different forms of violence, especially women survivors of sexual violence. She began her activist work in non-governmental organisation Center for Women War Victims where she among other thing advocated that international law redefines rape as a war crime.
She is founder of Women's Room- Center for Sexual Rights and initiator of Protocol of Conduct in Case of Sexual Violence and positive changes in the Penal Code of Republic of Croatia.

Maja Vukmanić Rajter, social pedagogue, Coordinator of Center for Victims of Sexual Violence in Women's Room since 2008, experience in direct work with persons who survived sexual violence, experience in organizing and implementing numerous educations in the field of gender based violence, sexual violence and trafficking in human beings for representatives of institutions, civil society organizations and youth, producer and director of the theater play "Why me?" which speaks of topic of human trafficking; currently in the process of education for a counselor in Reality therapy.

HOW DOES MEDIA REPORT SEXUAL VIOLENCE CRIMES?

Authors:

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Ana Guerreiro[38], Criminologists (UMAR – União de Mulheres Alternativa e Resposta / Investigators in UICCC/ISMAI- Unidade de Investigação em Criminologia e Ciências do Comportamento do Instituto Universitário da Maia, PT)

Background

Considered a health public problem, sexual violence is a phenomenon that occurs throughout the world, in spread ages, social and economics classes (Serafim, Saffi, Rigonatti, Casoy, & Barros, 2008; Gonzales, Schofiel, & Schmitt, 2006).

This crime is defined by the World Health Organization as "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 but not limited to home and work" (Jewkes, Sen, & Garcia-Moreno, 2002).

This crime is gender-based and characterized by a hierarchy of powers and inequalities between men and women, where women are usually the victims (Araújo, 2002). Only in America there are more than 237,868 victims of rape and sexual assault each year (U.S. Department of Justice, 2008-2012).

Thought Association of Women Against Violence has been pioneer in the study and support of sexual violence victims there are no systematic prevalence studies on sexual violence in Portugal (Maria, 2001; Berta, Ornelas, & Maria, 2007).

Media have huge impact on the perception of life and society as well on the perception of sexual violence crimes. They create opinions, reinforce beliefs and construct images about the world (Gomes, 2011; Carvalho, 2013). However it is necessity to understand if and how articles in newspapers contribute for the public awareness (Landini, 2006).

Aim

This study aims to understand how media reports sexual violence crimes in newspapers. A comparison between the newspaper's articles and the real characteristics of the crimes will be performed in order to understand the implications to the population's awareness.

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Methods

This is an on-going study which intends to analyse how Portuguese newspapers reports sexual violence crimes. All articles related to sexual violence for the past 2 years will be analysed for their main characteristics. A critical discourse analysis of the respective titles will also be carried out during this study.

The newspaper chosen was a daily one and one of the most sold in Portugal (around 84,565 copies per day in previous 6 months). This newspaper was created in 1888, and it was already used for this type of analysis several times (Gomes, 2011; Guimarães, 2012).

Results

The preliminary results are from 112 articles in the past 6 months (from January 2014 to June 2014), which were related to sexual violence. That is, in average, 19 articles per month. The month with more articles published was May, with 25 articles.

The majority of the articles were a quarter of a page or less than a quarter sized (43 and 41 articles respectively). Only 9 articles were bigger than a page.

The presence/absence of the name of victim and offender was analysed. One article mentioned the name of the victim and 12 mentioned the name of the offender. The article that mentioned the victim's name was of a rape of a prostitute and it is not comprehensive why it was mentioned. It is absolutely fundamental for security, stigmatization and confidentiality of victims that their name is not reported, so we can conclude that journalists have been taking care.

The most common victim's age reported in the articles was 13 years, which should correspond to child abuse crimes (RASI, 2013; Carvalho, 2002; Fávero, 2003). Even though, we had victims as young as 3 years and older as 88 years. On the other hand, the age of offender most commonly present was 42 years with a range from 17 to 71 years.

The gender of the victims was distributed in 81% of female and 9% of males. All males' victims were abused by with male offenders. Males represent 99% of the total offenders (1% of articles don't have information on gender of offender).

There is no clear reference in any article to this crime as a type of gender violence. Though, all data and studies highlight that the majority of victims are women and almost all offenders are men (APAV, 2012; RASI, 2013). This might be due to the social role of women: a friendly, caring, dependent and weak figure, which has greater vulnerability to sexual crimes when compared with men (Malamuth & Briere, 1986; Fernandes, 2012; Mota-Riberiro & Pinto-Coelho; Mota-Ribeiro; Magalhães, D'Armada, & Henriques, 1997).

In terms of professional occupation, only 21% of articles refer victim's occupation: most students or prostitutes. On the other side, 63% articles refer the profession/occupation of the offender (most unemployed or retired). This could lead us into two questions: why is the occupation/profession of the offender more important than occupation/profession of the victim? And why the occupations/professions of the victims are only described if they have some sort of hidden message? In the case of victims, the majority were students, which can represent the purity and helpless young's, and prostitutes, the women who receive money for sex. This type of description should be immaterial to the reported rape, though, it leads society to devalue the severity of the crime.

A critical discourse analysis was also performed on the titles of the respective articles. From these, the majority of the professions/occupations mentioned were either professions which required force ("lumberman";"mason") or professions that were usually performed by people with low socioeconomic status ("valet parking", "civil construction worker"). This classist discourse place society with the idea that only poor and working class culture commits this type of crime, diverting from the core of the problem. Occupations as "police officers"; "retired guard"; "nurses"; "doctors"; or "teachers" when specified on titles, might raise the awareness of society to common assumptions about professionals.

The profession/occupation of victim was mentioned 5 times on the titles: 3 of them because the victim was a prostitute. Whether the victim is prostitute or not is not relevant to the title, and can cause minimization of impact and importance of the crime (Garcia-Rojas, 2013).

The type of relation between victim and offender more commonly reported in the news was the parents and children (22%). Right after this, is the number of cases of sexual crimes committed by strangers (19%). Sexual abuse within coupes or excouples is mentioned in 5 articles but is believed to be much more common (Pinto, 2013; Martina, 2009).

In 26% of the articles there is a justifying element to the crime. The most common justifications are: the psychological or mental problems of the suspect and the use or abuse of alcohol and/or drugs.

Usually the titles of the articles were related to the offender (76%). When victim was mentioned it was almost always as a passive element of the crime ("was rapped"). This type of language turns the offender invisible and fails to make clear that he is responsible for that crime (Garcia-Rojas, 2013; Artemisa, 2007). 4% represented the cases where the victim had an active paper in the title of the article ("young escaped rape").

It was visible that the words "arrested" and "imprisoned" were often used in titles, in spite of the difference between these two words might not be clear to society. "Arrested" means that police took the offender in custody to questioning, presenting whim to the judge and after this the suspect might eventually stay in custody or be released. On the other hand, if the suspect is imprisoned it means that he is actually retained in prison. "Arrested" was used 21 times (19%) but during the article, in 66,6% cases is mentioned that suspect is already free. In spite of being important to inform society if the suspect was arrested or not, it is also central that they have the correct sense of reality. Still, we understand that, with these words, newspapers also want to emphasize the importance of liability of the offenders.

Importantly on the titles is that in 5 of them, the newspaper assigned a special name to the suspect ("the bike path rapist"; "the beach rapist"; "the virtual paedophile"). This represents an empowerment to this offender, which was sufficiently important to be "named" and seen as protagonist of that story.

There are other important aspects to be mentioned. One title was "mobster couple forces children prostitutes to lose weight...". Well, the children are not prostitutes, they are trafficked to prostitution. The content of title seems to be more interested in the obligation of losing weight rather to the crime of forced prostitution. The title: "Pervert rape daughters' friend": has two important points: first the use of "pervert" which clearly takes the reader to the presence of physcopathologies, and might serve as justification of the crime. Secondly, the title mentioned that the girl was daughter of a suspect' friend. In our view, and as explained by Artemisa (2007) this represent the betrayal of the male fraternity and withdraw the importance of this victim. It is more important that she is a "daughter's friend", than simply a girl.

Conclusions

From these preliminary results we can conclude that newspapers are trying to report sexual violence crimes fairly to the victim and offender. Though, as they usually do not have any training on reporting this type of violence, sometimes they use expressions that can harm the victims and disempower their voices (Garcia-Rojas, 2013).

Generally, the articles published are clear but they are more concerned with the details of the crime instead of explaining the consequences and implications of it to the victim, because details sell more easily than real and dramatic histories without a happy ending.

Implications

It is very important that journalists assigned with this type of crime have some sort of training so that they understand how to report efficiently sexual violence crimes. A media toolkit for Portuguese media, similarly with Chicago (Garcia-Rojas, 2013) and Mozambique (UNICEF & MISA) would also be very useful and important to contribute to better media coverage and contribute to a culture of non gender-based violence.

Also, the development in Portugal of crisis centres for sexual violence victims are crucial to protect and advocate for them (Martins, Viegas, Mimoso, Pauncz, Tóth, Hiiemäe, Harwin, Cosgrove, 2008).

Biographic Notes

Cátia Pontedeira

Investigator of Sexual Violence and Homicide in Research Unit in Criminology and Behavioural Sciences of University Institute of Maia - UICCC/ISMAI and Criminologist working on prevention of violence with young at UMAR. Has a Master by London South Bank University in Forensic Science and a Bachelor degree in Criminology by University Institute of Maia (ISMAI), Oporto.

Ana Guerreiro

- Master degree and Expert degree in Forensic Medicine – Institute of Biomedical Sciences Abel Salazar of the University of Oporto (ICBAS-UP).
- Bachelor degree in Criminology – University Institute of Maia (ISMAI).
- Criminologist in Artways Project in UMAR Oporto.
- Researcher in Research Unit in Criminology and Behavioral Sciences –University Institute of Maia - UICCC/ISMAI.
- Coordinator of the Magazine Criminis – Magazine of the Portuguese Criminology Association

PARALLEL SESSION

Multidisciplinary-agency Cooperation

IT COMES VISIBLE WHEN PROFESSIONALS SEE IT

Authors:

Helena Kallinen (Rapecrisis Centre Tukinainen ry, FI)

At first: There is more dias but I'll show just five of them. The others are background knowledge about our work in the whole and some examples of working tools we usually share in our Equal Consultation Groups.

In Finland we have had organisation changing plans of health- and social care since 2009. Various plannings are made but not decisions to make them true. The government is gutting money off from county councils and resources are getting lower and lower. I'm not a politician nor politically active. I'm just noticing what happens in the field. Employers are not giving money any more to their employees to come to our seminars or education days. Few years ago we educated a lot.

In seminars we met often very talented professionals working in hospitals, social care, schools, refugee offices, churches and foundations. Almost all of them had met clients/patients who had experienced sexual violence. They want to help those people but did not dare to. They said they have not expertise to continue and take a call for Tukinainen.

Rape Crisis Center Tukinainen Jyväskylä office is the only regional office, Helsinki being the main office. We are just two of us there, my colleague is psychologist and going to be special psychologist. Our books are quite full, we cannot give appointments to all who needs help in their way to survive of rape or other sexual violence.

Our clients tell that they did not get help when the professional said she/he is not expert in sexual violence case. They feel guilty, ashamed, and depressed to go to new place.

In 2012 we invited all professionals to join to Equal Consultations. We told to them things above and asked them to work with their clients a little bit longer. We promised support, tools and common group consultations, free of charge.

There are 6 different groups, collected with the logic that You'll be heard best from colleagues who knows your work. The first group was for psychiatric nurses of hospitals acute teams, basic health care, of alcohol/drug user's policlinics and for social counsellors. The second group is for those professionals who work with young ones in schools, in Girls houses, Boys houses, in student healthcare, in youth detention homes etc. There is in additional slides the list of (almost) all participants to our EC-Groups.

In Equal Consultation Group there is no lectures, no experts to say what's right. Anybody is allowed to share his/her situation in work. Everybody can comment. We all have same kind of professional confidentiality and we make a deal of not any identifier knowledge is shared.

With this kind of support, and with everyday working tools we share in groups, the single professional dare to hear more from his/her client who has met sexual violence. When they dare to work longer, they write it in client's papers. When there is documented facts, the statistics tell to researchers the amount of work done with sexual violence victims. The statistics shows to decision makers and to politicians the truth of recourses needed. It comes visible.

In the wholeness the most important thing is that the client gets help when we work together. This is team working.

Biographic Notes

Helena Anneli Kallinen (Säynäjäkangas)

Personal Information

- b.230553, Haukipudas (Finland)
- common-law marriage, now living in Kinkomaa Finland
- 2 children, 4 grandchildren

Work Experience

- 2006 - Present: crisis counsellor (Tukinainen RY, Jyväskylä - Finland)
- 2000 - 2006: the crisis task force - Central-Finland Central Hospital; outpatient department of Adolescent Psychiatry, Jyväskylä (Finland)
- 1983 - 2006: mental health nurse; children's inpatient psychiatric department, psychiatric day hospital for adolescent Haukkala hospital Jyväskylä, acute inpatient department for adults Kangasvuori hospital Jyväskylä, inpatient department for adolescents Haukkala hospital Jyväskylä (Finland)
- 1979 - 1983: mental health nurse; acute inpatient department - Muurola Hospital, Rovaniemi (Finland)
- 1976 - 1978:internship-department assistant, the nurses primary - Turku University, Turku (Finland)

Education and Training

- 2008: Photo therapist, a basic level - Turku University, Turku (Finland)
- 2000 - 2003: Family Therapist, level 2(VET) - Jyväskylä University, Jyväskylä (Finland)
- 1997 - 1999: Family Therapist - Jyväskylä University, Jyväskylä (Finland)
- 1976 - 1978: mental health nurse - Nursing School, Oulu (Finland)

THE RUBY PROJECT- CRISIS –GROUP TREATMENT FOR ADOLESCENT GIRLS AFTER RAPE

Authors

Carin Nordenstam (Uppsala University and Stockholm County Counsil, Child and Adolescent Psychiatry, Stockholm, SE)
Eva Zachrison (F d Stockholm County Council, SE)

Abstract

How can we respond to the needs of young rape victims?

The impact of a rape trauma do often lead to the development of health problems. The aim of this study was to investigate if early intervention including three trauma focused individual crisis sessions and upon that seven sessions of trauma focused crisis group treatment would help to reduce the inherent stress symptoms in the young adolescent. The parents were offered two crisis sessions. During two years (2009-2010) nine groups were held with between three to seven participant in each group a total of thirty nine raped girls (n= 39).

All sessions had a theme that was introduced by the group leaders and was discussed by the group participants and included were also psycho education, relaxation and other body exercises. There was also possibilities for the participant to take up there own themes The participation rate was 86% and only four girls dropped out of treatment.

The frame and the themes of the group treatment, from both group leaders and participants will be presented and also results from both girls and parents concerning satisfaction with the treatment.

Biographic Notes

Carin Nordenstam is a PhD student with long clinical background as a social worker and a therapist in the field of sexually abused children and adolescents.

SUPPORT TO THOSE 'WHO CARE' FOR THE VICTIM OF SEXUAL ASSAULT

Authors

Annalise Rust (The Centre for Victims of Sexual Assault, Copenhagen University Hospital, DK)
Anne Bruun Blauert (The Centre for Victims of Sexual Assault, Copenhagen University Hospital, DK)
Katja Holt Thuesen (The Centre for Victims of Sexual Assault, Copenhagen University Hospital, DK)
Marie Dick Baatrup (The Centre for Victims of Sexual Assault, Copenhagen University Hospital, DK)
Line Eiby Andersen (The Centre for Victims of Sexual Assault, Copenhagen University Hospital, DK)

About the Centre for Victims of Sexual Assault

We are a multidisciplinary team of physicians (gynaecologists and forensic pathologists), nurses, psychologists and socialworkers. The centre offers examination and treatment to children, adolescents and adults exposed to sexual assault. The center receives about 600 enquiries a year. Approximately 200 receive psychological treatment and counselling.

- Gynaecologists and nurses offer initial examination and treatment
- Psychologists offer visitation, counselling of victims and supervision of professional staff
- Socialworkers offer coordination with Social Services, visitation, counselling and support to families, friends, partners and professional support staff who are in contact with the victim

The aim of this presentation

- To outline themes, which relatives and support staff struggle with in their contact with victims of sexual assault
- To discuss which interventions can be useful when counselling relatives and support staff
- Casestories

Background

Since sexual assault is a man-made trauma, trust and confidence in other people, even when it comes to close relatives, can be affected. It is important that victims receive support from their close relatives or support staff in order to overcome a traumatic experience. Strengthening and involvement of those closest to the victim are therefore given a high priority in CSO39. There is often a need for treatment and support in various ways and extent in order to limit the consequences (e.g. self-harm: cutting, eating disorders, suicidal thoughts) of a sexual assault. Not only the victim itself, but also family, partner and friends are at risk of traumatization. Relatives may feel frightened, powerless and guilty for not being able to prevent the assault. It is also a relief for the victim that relatives are taken care of, because victims often feel guilty because of the strain they feel they put on their loved ones.

[39] Center for Seksuelle Overgreb (*The Centre for Sexual Assault*).

The centre has recently collecting data from two studies

- Psychotherapeutic treatment of long-term symptoms/consequences of sexual assault in ***adolescents*** (15-19 years) and their parents[40]
- Development of psychotherapeutic interventions in relation to ***intellectually disabled adults*** exposed to sexual assault[41]

Intervention

Components of support

It takes patience and knowledge to stand next to a rape victim and provide support while at the same time having been traumatized yourself. Interventions, which in CSO have been found beneficial to relatives and support staff, include:

- ***Psychoeducation*** about common reactions to trauma and sexual assaults
- ***Support*** by focusing on what relatives are already doing well
- ***A 'vent-hole'***: Many parents experience difficulty talking to friends and others about the assault because of taboo, shame and guilt they feel
- ***Supervision*** of professional staff on what can be counterproductive/harmful to victims in their healing process. Many professionals experience difficulty talking about sexual assault and they may be unsure about how to talk with the victim

Case stories

The following cases aim to provide insight into what counselling of relatives and support staff may involve.

Emilie 16 years old[42]

Emilie has been sexually assaulted by a friend. Her parents have a difficult time understanding Emilie's reactions: mood swings, trouble sleeping, dissociation ect., which causes conflicts and misunderstandings. Emilie feels suffocated because her freedom is being reduced, while the parents feel they have to take too much care of her. Her parents are constantly asking her how she is doing, which Emilie finds annoying. Emilie feels that she needs peace when she is at home and does not like to constantly be reminded of the assault. The parents are worried that she is repressing her feelings.

> In the beginning we were very aware of her. We tried to read her body language all the time and kept asking: Are you okay? Do you need to talk? Can I help with anything? That annoyed her quite a bit.
>
> (Mother of a 16 year old girl)

[40] *Adolescents exposed to sexual assault*, Copenhagen University Hospital (2014)

[41] *Psychotherapeutic Guide to the Treatment of Intellectually Disabled Adults exposed to Sexual Assault*. National Board of Social Services, Denmark (2014).

[42] The case is taken from our study, *Adolescents exposed to Sexual Assault*. Copenhagen University Hospital (2014). 67 % of the parents received counseling parallel with their child's treatment

Intervention

Through counselling and psychoeducation, parents receive knowledge and understanding of the reactions that Emilie has. They receive support maintaining the structure and secure environment in Emilie's daily life. Often little changes can make a difference and increase feelings of security, e.g. scheduling daily chores and meal plans. The parents can also talk about their own feelings, which help them in supporting Emilie.

One of the difficult issues when working with teenagers and their parents is, that although s/he has been exposed to a trauma they are also teenagers struggling with normal teenage issues such as creating their own identities separate from their parents. When exposed to sexual assault however, teenagers often feel an increased need for security, to be taken care of and might at times behave like a much younger child. This is difficult for both teenager and parents because it conflicts with their otherwise normal development.

> E. needed me to hold her and put my hand on her head. I've always done that since she was a little girl and I would say: "Now we close down the day and relax". Now, when she couldn't sleep, she said, "Mom, I need you to put your hand on my head". We did this many nights. [43]
>
> (Mother of a 16 year old girl)

Rebecca, 30 years old[44]

Rebecca is intellectually disabled and lives in her own flat in a sheltered residence with support staff around the clock. She was assaulted by a man in her workplace. The staff find it difficult to know how she feels because she does not talk about it. However, she becomes easily angry and gets into more conflicts with other residents. Rebecca has trouble sleeping, gets easily stressed and begins to isolate herself.

Intervention

The contact person is present during therapy sessions with Rebecca. He helps by translating her statements and outside therapy he can help her become aware of herself and her behaviour e.g. by explaining to her how different social situations affect her. Briefing other staff members about what is discussed in therapy further helps support Rebecca in everyday life (e.g using a book where main points are written down).

> Hanna isn't so good at expressing herself verbally. And during the therapy sessions I often had to help 'translate' or interpret what she's saying – without putting words in her mouth. I can do that because I know her so well.
>
> One of the great advantages to me being part of the process is that whenever something happens at the home, I can use what we have talked about in therapy and explain to Hanna what is happening inside her. She can relate this to the situation and then it makes sense in her world. [45]

[43] Quotes are taken from the study, *Adolescents exposed to Sexual Assault*, Copenhagen University Hospital (2014), where parents have received counselling.

[44] The case is inspired by the study, *Psychotherapeutic Guide to the Treatment of Intellectually Disabled Adults exposed to Sexual Assault*. National Board of Social Services, Denmark (2014).
where support staff has been interviewed about the therapy process and their role as at support staff, National Board of Social Services, Denmark (2014).

[45] Quotes are taken from the article, Fat i følelserne (Dealing with the emotions, red.). Jensen, T. in *Socialpædagogen* (2014, no7).

Another goal can be to help increase structure in the victim's daily life. This can be a challenge if support staff usually work based on the assumption that it is paramount to be able to take responsibility and care of yourself in everyday life, e.g. make her own calls to the dentist, go to the bank on her own. This is not always possible with a traumatized person and they need more help than before the assault.

Sara 28 years old[46]

Sara has been exposed to sexual assault on the way home from a party. She lives with her boyfriend. The boyfriend is unsure how to talk to Sara about what happened and how she feels. He does not know how to cope with Sara's reactions, such as mood swings, anxiety, fear of being alone, difficulty sleeping at night and isolation. At the same time he is struggling with his own feelings of anger and hatred towards the perpetrator; he has a lot of thoughts and fantasies about the assault.

> *I wanted him to be punished. I'm still convinced that if I found out who he was, I would do something really stupid.*[47]

> *I did not know what to do. I was totally powerless. My girlfriend cried. It was terrible. What should I do? It is one of the most difficult situations I've ever been in. I can't describe it.*

Intervention

Through counselling, Sarah's boyfriend is guided in how to support Sara and he acquires knowledge about common reactions to traumatic experiences, which gives him a better understanding of and ability to contain what Sara has been exposed to; thereby enabling the boyfriend to support her in a better way.

Partners often experience strong ambivalence in connection with a sexual assault. The partner may feel angry and hatred towards the perpetrator while at the same time experiencing strong feelings of guilt and self-approach because he was not able to protect her. Intimacy might be another issue: How can he be physical with her, and not just in terms of sex, but for instance is it ok to stroke her arm, give her a kiss etc.

Summary

It is our experience, that the extended support after sexual assault is essential for the healing process of the victims. Supervision and cooperation of professionals and relatives greatly benefits the victim's functioning in everyday life.

[46] The case is inspired by patients treated at CSO.

[47] Quotes are from a study where partners of rape victims have been interviewed about their experience: Haansbæk, T. (2005). *Voldtægtsofrets partner.- hvordan går det med ham?* (*The partner of the rape victim – how is he doing?* red.),The Centre for Victims of Sexual Assault, Copenhagen University Hospital.

PARALLEL SESSION

Legal Issues on Rape

RAPE IN THE COURTROOM: GENDER-NEUTRAL LAW BUT UNEQUAL GENDERED PRACTICES? THE PORTUGUESE CASE

Authors

Isabel Ventura (Universidade do Minho, PT)

Introduction

Since the seventies feminists started to critically evaluate *rape legal definition* (MacKinnon 1987, 1989, 1993), *rape social concept* and *history* (Griffin 1971, Brownmiller 1975), *rape myths* (Burt 1980), and *real rape* (Estrich 1987). One of *myths* was (is) that rape was a sex crime perpetrated by retarded and savage men with poor instincts control. Thus, it was (is) believed that women could avoid sexual attacks as long as they behave with decency and modesty. One of the consequences of these beliefs is the social perception of victims into two categories: the well-behaved ones, who are completely *innocent* and who did not deserve the aggression and those who were *asking for it*.

Feminists also found out that often police did not take women's allegations serious. In addition, during trial the defence would use *victim-blaming* technique, transferring to the victim the responsibility of the aggression. The conviction rate for rape was very low. Therefore, one of the reasons cases did not reach the court was victim's lack of confidence in criminal justice system, as a result, victims did not file criminal complaints. Other reason was *attrition*, which is "the process by which rape cases fail to proceed through the justice system" (Lovett & Kelly 2009: 5). Since the seventies until nowadays *rape law* and social representations about *rape*, *rapists* and *victims* have deeply changed (Vigarello 1998, Bourke 2007). Victims are now more confident about police conduct and report rape more than ever. In fact, according to a study involving eleven European countries "the number of reported rape offences has grown over the last two decades". Nevertheless, the "number of prosecutions has failed to increase proportionately" (Lovett & Kelly 2009: 5).

Aim & Background

Legal system may reinforce or deflate patriarchal logical of dominance, control and gender hierarchies by promoting gender equality (with rules that positively assure all human beings are equal) and punishing gender prejudices (i.e. prohibiting discriminatory rules or behaviours). Legislation and court verdicts are scripts and a reflection of elites' representations about gender roles and human sexuality.

This paper discusses the Portuguese rape legislation, focusing on the last thirty years reforms. It explores the *rape myths* acceptance and reproduction among judicial social actors.

Portuguese rape law and legal procedures have been critically analysed by Teresa Beleza (1990, 1994, 1995, 1996, 2003) and more recently by Clara Sottomayor (2011) and Inês Leite (2011).

Traditionally, rape legal definition is a penile penetration of a vagina. This was the interpretation of Portuguese courts for centuries. First Portuguese Legal Code was enacted in 1886 and ruled until 1982. In this year, lawmakers repealed the *marriage exemption* admitting the idea that a husband could no longer legally rape is wife. In addition, from that year on, marrying a victim no longer quashed a defendant legal punishment. Other difference was the erasure of «against her will» expression. Besides lawmakers introduced a *victim-blaming* provision that mitigated penalties to perpetrators whose victims had «contributed to the crime for their behaviour or (for her) special relation to the rapist».

Similar to what happened in other countries during the 20th century, Portuguese lawmakers tried to wipe out religious morals from legal norms. This ambition was particularly important in sexual crimes and one can observe a shift in the symbolic framework. Since 1995, sexual violence is legally no longer a matter of *social values* but an issue of *sexual freedom and self-determination*. In that year rape law suffered fundamental changes. For the first time other sexual act (anal penile penetration), was legally considered *rape* instead of *indecent assault.* The mitigating rule for rapists whose victims were considered to be co-responsibles was revoked. In 1998, rape law became gender neutral (to both aggressors and victims) and the legal concept was broadening including oral penile penetration. Since 2007, *rape law* includes different types of body penetration (with body parts or with objects since 2007).

In order to protect the victims, criminal proceedings have also changed. Rape trials may have audience restricted and, under some circumstances, witnesses may testify outside the courtroom. In those cases, the victim' statement is audio recorded during the initial phase of the investigation. Defendant's lawyer is present in order to assure cross-examination and guarantee his/her client's legal rights. In addition, it is possible to take the accused out of the courtroom during witnesses' statements hearings.

Legal concept of rape stresses the violence against the victim and leaves no room for *consent*. This can lead to judicial sentences that acquit someone who raped other person but whose acts do not meet judges' interpretation of *violence* (Relação do Porto, 13th April 2011 Ruling).

Methods & Results

Despite all the changes, *Supreme Court* and *Courts of Appeal* often underline old concepts about unlawful sexual intercourse and lawyers frequently conduct *blame the victim* inquiries and *victim-blaming* written allegations.

After interviewing judges, prosecutors and lawyers (19 interviews), observing four rape trials, and analyzing the doctrine and higher courts decisions (from 1886 until nowadays), I argue that in spite of all legal reforms, judicial practices and social representations about *rape*, *victims* and *perpetrators* among social actors within justice system still reproduce *rape myths* (Burt 1980).

Rape trials usually have three judges. Trials can have more than one victim and more than one aggressor at the same time. It is possible that the accusation includes other crimes along with rape (i.e. robbery, aggression, kidnapping).

In the Courtroom

Judges privilege face-to-face contact with testifiers. They are confident they can interpret witnesses' non-verbal expression and thus figure out who is lying and who is telling the truth. That is why they say somehow their evaluation is compromised when they cannot directly see and hear the victim. As a result, the possibility given to a victim to record her/his testimony and avoid the presence in the courtroom, in order to prevent her/him from revictimization, might undermine the aim of the procedure.

Magistrates do not have specialized education on behaviour on victimization issues, therefore they easily rely on *myths* and stereotypes about what a *real victim* behaviour is (the same for *rapists* and *rape*). A *real* victim is the one who expresses her/his suffering by crying, blushing, and is embarrassed and shows discomfort for being forced to answer repeatedly to all the invasive inquiries. An expressionless victim is most likely not to be believed.

In the courtroom backstage

In addition, magistrates have to decide and analyse the cases based on common people experience. However, judges belong to the *elite* benefiting from high income and social recognition and having power to decide about other people lives. This means that frequently they are socially quite different from the people they judge (defendants and victims). Moreover, different courts may decide differently about the same facts. Discrepancies can include typology of the crime, intensity of the defendant guilt, penalty.

Deciding about crimes is also determining someone's pain. In order to make the process more accurate, legal procedures include accounting methods. The aim is to convert the suffering into something countable (*how much money did he take from you? How many times did he penetrate you? During how many minutes? How much did you spend in the jeans he ripped off? How much did you spend fixing your vehicle after the crash?*). The defendant may remain silent but the victim has to tell every graphic detail. What she/he says – guided by the inquisitor - is then reconstructed in the written decisions (i.e. victim may say, "*he made me do oral sex*" and the magistrate will write "*...the victim started to make movements of suction with her mouth*", reinforcing the patriarchal discourse and giving a pornographic accent to the narrative.

Furthermore, medical definitions are still important to classify the sexual act. This is significant because not all sexual acts are *rape*. Some might be *sexual coercion*. In spite the wide definition of *rape*, in 2008, the *Portuguese Supreme Court* stated that:

> "*Copulation will continue to be the result of an intercourse between male and female sexual organs and that always requires complete or incomplete introduction of the male sexual organ into the vagina which excludes copulation in the vulva. (...) after all,* ***rape always requires the intervention of the male sexual organ.***"

Conclusions

Law in action reveals an instable rape definition and traditional views of sexual gender roles, nonetheless, *law in books* changes. Kisses, cuddles or gropes are not likely to be considered as «serious crimes», but *deviant acts* (non-potential reproductive sexual act, like anal intercourse) are more likely to be investigated. Consequences of legal concept of *rape* (which excludes victim's *consent*) involve a sharp evaluation on victim's ability to resist the attack. The most conservative jurisprudence demands "unequivocal resistance" from the victim. It is important that magistrates receive special training to deal with this subject, in order to avoid reproduce *rape myths*.

Biographic Notes

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ARE MEDICO-LEGAL FINDINGS ASSOCIATED WITH THE FILING OF CHARGES AMONG NORWEGIAN ADULT FEMALE SEXUAL ASSAULT VICTIMS?

Authors

Cecilie Hagemann (Norwegian University of Science and Technology (NTNU)/ St. Olavs Hospital, Trondheim University Hospital) (presenter)
Arne Kristian Myhre (The Norwegian University of Science and Technology (NTNU)/ St. Olavs Hospital, Trondheim University Hospital)
Jim Aage Nøttestad (Brøset Centre for Research and Education in Forensic Psychiatry, St. Olavs Hospital, Trondheim University Hospital)
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Berit Schei (The Norwegian University of Science and Technology (NTNU)/ St. Olavs Hospital, Trondheim University Hospital)

Background

Since 1989, the Sexual Assault Center (SAC) at St. Olavs University Hospital in Trondheim, Norway has offered medical assistance and forensic examination to victims of sexual assault. The purpose of the acute medical examination is to identify and treat disease and injuries important for the victim's health. Certain findings could also be pertinent to the police investigation and possibly decisive for the legal outcome. A prior study of police-reported rapes from the same police district during the period 1997 – 2003 has been performed. However, this study was limited by small sample size. We wanted to expand the analyses including cases from a larger time span, since still, there is limited knowledge of the impact that medical information has on legal outcome in Norway.

Aims

To describe the legal outcome among cases of rape and attempted rape during 1997 – 2010, and to examine whether there had been any change in the proportion of cases where charges had been filed throughout the time period. Furthermore, we wanted to explore whether bodily and anogenital injury and biological trace evidence had any association with the filing of criminal charges.

Methods

Retrospective, descriptive study. Cases of rape of women ≥ 16 years in Sør-Trøndelag Police District (1997 – 2010) were identified in the police files. These data were merged with data from the SAC at St. Olavs University Hospital. Only those cases with medical examination at the SAC were included in the study.

Cases charged were compared with cases dismissed because of insufficient evidence. Multivariable logistic regression analysis was used.

Results

A total of 697 police-reported cases were identified, of which 324 had medical information from the SAC. The proportion of cases taken to court was 18% in 1997 – 2003, but reduced to 9% during 2003 – 2010. Charges were not filed in 55 and 56% because of insufficient evidence.

Minor bodily injury was found in 52%, while 9% had moderate/serious bodily injury documented. Anogenital injury was found in 24%. Trace evidence was sent for analysis in a third of the cases (1997 – 2003). Sperm cells were found in 28%. A toxicological test was collected from the victim in 39%, of which 71% were positive.

Moderate/serious bodily injury was more often documented among the cases taken to court, while anogenital injuries had no association with charge filing. The police's decision to submit trace evidence for analysis was associated with charge filing (only examined for the period 1997 – 2003), while the findings of sperm cells and toxicological test results had no influence.

Conclusions

Only a small proportion of police-reported rapes were taken to court; in such cases a higher proportion had moderate/serious bodily injury and the trace evidence was analyzed more often. Available access to immediate and qualified health care after sexual assault should ensure that victims receive valuable recreational help and that their legal rights are protected. However, both health care and the police would benefit from better cooperation and exchange of knowledge to improve outcomes for victims of sexual assault in Norway.

Biographic Notes

Cecilie Hageman

- Authorized as a Norwegian physician in 1996
- Worked at a hospital SAC since 1997
- Courses in legal medicine 2003 – 2004
- Consultant specialist in Obstetrics and Gynecology in 2004
- Senior SAC worker/supervisor since 2004
- SAC project coordinator during 2007
- Ph.D. project on sexual assault/rape from 2009
- Have personally performed a considerable percent of the SAC examinations included in this study
- Teacher at courses in legal medicine

PROTECTING YOUNG VICTIMS OR JUVENILE OFFENDERS? THE ANSWER OF THE PORTUGUESE LEGAL SYSTEM

Author

Teresa Bravo (CEDIS- Faculdade de Direito da Universidade Nova de Lisboa/ Judge, PT)

Introduction: a case study

Between 2003 and 2007 I´ve worked as a family judge in the Family and Minors Court of Setúbal. Setúbal is an industrial town, located about 30 minutes from Lisbon. Despite its proximity to the capital Setúbal has specific sociological, economical and cultural characteristics because its inhabitants are mostly poor and undereducated people who depend upon the local labour market and state fundings.

This sociological background helps to understand, from my point of view, the conservative mentality and the rigid patterns this population has regarding moral and sexual behavior which influences the way they face sexual offences as well as the role played by perpetrators and the victims.

I will present you a case that goes back to 2005 which evolved a 14 young girl, her boyfriend and four friends of theirs. This case was particularly serious and had a relevant impact in the local community causing great distress and huge discussions among defence lawyers, teachers and social workers.

These are the key notes of the case:

> *" X was a 14 th year old girl who lived alone with her father after her mother had left the family. She had no brothers or sisters and her father was known as a violent man who used to beat his wife and daughter. He worked the whole day in a local industry and his daughter, after school, used to spend the rest of the day on her own.*
>
> *She started dating a cousin two years older than her, she used to write him love letters and was very involved with this boy. At a certain point, they started to have sexual intercourse and he convinced her to accept having sex with another boy. This fact became to public knowledge, was commented amongst their friends and in a few days, the whole school commented the fact. Consequently, the girl got a bad reputation.*
>
> *One afternoon, the girl and her boyfriend were dating in a old car outside the school when the third element arrived with three more friends. They all had, one after another, sexual intercourse with the girl.*
>
> *The girl complaint her father saying she has been raped and he went to the police station and presented a complaint.*
>
> *For more than six months no one investigated the case and the file was sent to the family court without any intervention besides the charge made by the girl´s father against the boys.*
>
> *When I first read the file, I decided to inquiry all the people involved in the case starting with the girl and her father and, afterwards, the boys.*

She has always kept her version that a rape had take place and that she didn´t wanted to have sexual intercourse with all the five boys.

On the other hand, the boys said she consented. They were trialed and sentenced to spend 2 years in a Juvenile Detention Center."

The conviction caused a huge impact in the local community which didn´t accept the boy´s imprisonment. Somehow, the majority of those who knew the case felt the boys were "victims" of the girl, that they had been unjustly convicted because the girl had a bad moral behavior.

The elements I have just described leads us to the first topic of my presentation: Which are the legal answers of the Portuguese judicial system regarding the victims and sexual offenders?

The Portuguese legal system: an overview

Portuguese family and minors courts are competent, amongst other competences, to judge and to sentence criminal offences perpetrated by minors (juveniles bellow the age of 16) as well as to apply protective measures to minors who are victims of crimes or abuses.

These competences are held both in Lei Tutelar Educativa and in Lei de Promoção e Proteção de Crianças e Jovens em Perigo. The two legal instruments despite having different purposes complement each other and can be seen as the both sides of the same coin.

However, the major difficulties that family judges face when applying these laws is to know the impact of these measures in both victims and offenders. There are no follow up studies available in Portugal to help us understanding how law enforcement can potentially change the way these children behave, feel and think about their behavior. There are even no resources allocated to family courts and psychological support to victims and sexual offenders is also lacking.

Consequently, state´s intervention is essentially formal and detached from an holistic approach.

Another point I would like to focus is the need to implement a co-working philosophy in a network scenario between judges, police officers, social workers and psychologists.

Judges need to be supported by a team of social workers and psychologists in order to make a critical assessment of the legal instrument´s application. Moreover, close relationships between institutional actors facilitates exchanging information, sharing experiences and ultimately the judicial intervention.

The weaknesses of the legal answers

This leads us to the conclusion that family courts are not working on a solid ground. Even if the law is changed these changes must bare in mind a systemic approach and demands a global public policy regarding both victims and offenders.

Consequently, the legal perspective shoud not only bare in mind its preventional and punitive scope towards the offender but also the recovering of the victims.

Recovering a victim´s physical and mental health is so important as recovering a juvenile offender. This case study I have selected to present you showed me that the social integration of the victim, after a sexual offence

being perpetrated is so difficult as the social integration of the offender and, in some social contexts, is even more difficult.

Victims tend to feel ashamed, guilty and socially isolated. In some cases they refuse to go back to school and have difficulties facing their friends and teachers due to social pressure.

Consequently, the legislator should allocate financial, human and institutional resources to family courts in order to allow judges to apply legal instruments in a more effective way.

Conclusions

The lessons learned from my empirical and practical experience as a family law judge allows me to summon they up in the following topics:

a) Social, economic and cultural environment interfere with the application of legal instruments;

b) Conservative local communities difficult the victims reintegration after the offence;

c) Family courts in Portugal lack human and institutional resources to apply legal instruments effectively;

d) There are no *follow up* studies available regarding victims and offenders;

e) These studies would allow judges to have a clear view of their decision´s impact and contribute to improve the intervention of family courts;

f) A lack of a network culture prevents a more effective approach to the criminal phenomena amongst juveniles.

Biographic Notes

Teresa Bravo is a judge since 2000 and a PHD student in Criminal Law at the Faculty of Law, Universidade Nova de Lisboa.
Between 2003 and 2007 she has worked in a family court and between 2008 and 2010 in the criminal court of Lisbon.
Since 2008 she has been participating in the CEDI´s projects (Research Center in the FDUNL) as a researcher and as published several articles on gender and children´s rights as well on criminal law.

WHAT IS JUSTICE FOR THE WARTIME SEXUAL VIOLENCE VICTIMS IN CROATIA?

Authors

Renata Ćuk (Women's Court Initiative, independent researcher, HR)
Paula Zore (Women's Room - Center for Sexual Rights, Women's Court Initiative, HR)

This paper will focus on the rights of the victims of wartime sexual violence in Croatia in the 1990s. Main reason for this analysis of the victims' rights is newly proposed Law of rights of victims of sexual violence in the Homeland war. This paper will analyze this Law in the context of gendered justice and will try to put this newly found interest for justice of women that suffered wartime sexual violence in a wider political context. Question we want to address with this paper are manifold: What is the motive behind opening up the story of wartime sexual violence in Croatia 20 years after the war? Are experiences of Croatian women from Vukovar only instrumentalized to once again affirm Croatian victimhood against Serbian aggressors? What is the real purpose of the new law; is it a real, honest effort to provide support for these victims or will it be used as a political instrument to cement the 'historic truth' about Croatian innocence and victimhood? In the framework of the transitional justice; how effective is the new (Croatian) law and what is the added value of the Women's court, if there is one?

Why now?

After several relevant decisions from the Hague court including a release of the Croatian general Ante Gotovina and Mladen Markač in 2012, post-conflict national identity is being reshaped (K.Franke). It seems that it is of the greatest national interest to re-affirm Croatian innocence in the 90's war. In Croatian society there is still a powerful sentiment that the Hague proceedings are trying to equalize Croatian and Serb role in the war (as aggressors). This release of the Croatian generals opened a possibility for a different narrative, the one that recognizes Croatian suffering and innocence. Therefore it was crucial to reaffirm it by opening the story of the victimhood of Vukovar's women (Vukovar being a symbol of Croatian suffering).

It goes beyond saying that people knew about these rapes 20 years ago, however because of the lack of the political will these stories never found its way to the wider public. Croatian political narrative of the 90s wanted to portrait Croatia as 'ethnically pure' so wartime rapes would disrupt this image and therefore were excluded. This newly open space for re-framing history was recognized by a group of associations that came out of the war, such as different associations of war veterans and their families. This is when the stories about rapes of Croatian women from Vukovar gained special attention by the media and the policy makers. What is disturbing is that these stories are set within a nationalistic framework.

Law of rights of victims of sexual violence in the Homeland war

This law was initiated by the current government (social democratic government) as a reaction of the media frenzy around raped women of Vukovar. Even though reasons behind creating this Law might be honorable and sincere, they were fully influenced by manipulations and strong pressures on the side of different associations of war veterans and other similar groups (backed up by Croatian right-wing parties), to re-confirm Croatian innocence and acknowledge Croatian suffering. Draft of the Law was finished in March 2014 under the auspices of the UNDP, the Ministry of War Veterans and the President of the Republic of Croatia.

In the process of creating this Law several non-governmental organizations were included (women's organizations) in order to provide gender perspective on the proposed draft. Public discussion on the Law was held and women's organization commented parts of the Law which they found questionable or problematic. It is yet to be seen how many of these comments and recommendations will find their place in the Law itself. Also, it is important to note that other organizations (close to the right-wing circles) contributed to the above mentioned discussions and provided comments that would further limit or endanger rights of certain groups (non-Croat victims).

Due to the limits of this paper we will only address those parts we find especially problematic.

- Definition of sexual violence is very narrow, while the consequences of this type of violence are mostly seen as physical injuries and are focused on reproductive health. This point to a traditional view on women's sexuality where reproduction is seen as the only function.
- Rights recognized within this Law are treating victims (women) as patients, putting them in a passive position which is again victimizing and stigmatizing them. Rights that would contribute to the inclusion of these women in the society (right to professional retraining for example, which is provided to war veterans or priority in the process of employment) are excluded (not mentioned at all).
- Psychological support would be provided to women, however it is questionable how many women would use it if doesn't take place in a safe environment (from this draft it is unclear how this support would work).
- Centers for war veterans are mentioned as key places for different types of support for these victims, which clearly shows the lack of the understanding of the trauma for these women (presence of the 'uniforms' or the setting that is connected to the army can trigger trauma for the victims).
- Lack of the understanding of the law makers of the stigma rape puts on its victims (unwillingness of these women to come out and report sexual violence) is obvious through this draft, so we feel that possible consequence is lack of the consumption of this Law (women will be reluctant to ask for their rights in this legal framework).
- Given the nationalistic framework in which the Law is drafted (different pressures and influences) we worry about the lack of access to this Law to women of different (non – Croat) nationalities (sometimes victims of Croatian troops). Also, due to even greater stigmatization of male victims of sexual violence, we are worried male victims will be even more reluctant to consume this Law.
- A deadline (2 years from the adoption of the Law) is given to victims to report wartime sexual violence and seek their rights within this Law. We completely oppose this deadline and argue that since war crimes don't have a time limit, neither should wartime sexual crimes.
- Court costs will fall on the victim in the case this proceeding finds there was no sexual violence (this opens a number of questions; what is the procedure to confirm or deny sexual violence, and who are the people deciding, how will they provide evidence). It is to be expected that this part of the Law will discourage some women to report it.

Alternative justice – Regional Women's court (feminist approach to justice)

Interesting parallel process is taking place in the region (countries of former Yugoslavia), an initiative to organize Women's Court. Initiative started back in 2010 with the aim to discuss different forms of wartime and post-war violence against women. It was started by local feminist organizations with the aim to provide space for women's experience, something that is lacking in the 'official mechanism of transitional justice'.
What is added value of this type of parallel process?

- Women's court brings a space for women to share their stories in a way they find comfortable and are able to emphasize what is important for them and not for a legal proceeding. This empowers women as subjects, but also gives a new insight to different forms of wartime violence against women, not recognized by different mechanisms of transitional justice (for example trials).
- Provides an alternative narrative about the crimes committed in the war in the 1990s with a special focus on gender instead of ethnicity.

Conclusions

We recognize clear limitations of the proposed Law of rights of victims of sexual violence in the Homeland war and are worried that this Law will not fulfill its function, that is, to provide support (both financial and psychological) for victims of wartime sexual violence in Croatia and to bring back the dignity to the victims and to prevent repetition of these crimes. Primarily because of the lack of understanding of the complexity of the issue and gender perspective by the law makers, this law with its traditional perspectives on women and women's role in the society cannot contribute to non- repetition of these crimes or prevent it. It is exactly the change of the perspective of women's role that would bring more equality for women and would lead to decrease of violence. These limitations are recognized by the Women's court but the influence of this type of alternative process is quite limited. Also, in our opinion even the narrative of the Women's court rarely (or not often enough) leaves this official narrative.

Biographic Notes

Paula Zore is activist, feminist and professor of history and comparative literature, employed in a non-governmental organization Women's Room – Centre for Sexual Rights as education program coordinator since 2008. She is a member of the Initiative for Women's Court (regional initiative focusing on the area of former Yugoslavia).

Renata Ćuk holds an MA on sociology and phonetics from the University of Zagreb and a Master's degree in Human Rights and Democracy in South East Europe from Sarajevo and Bologna University. From 2010 she is actively involved in the Initiative for Women's Court (regional initiative focusing on the area of former Yugoslavia) where she is focussing on many issues of the conflict in the former Yugoslavia, including sexual violence.

THE LEARNED RELEARNING

Authors

Princess Olufemi-Kayode (Media Concern Initiative for Women & Children, NG)
Folake Modupe Bankole (Media Concern Initiative for Women & Children, NG)

Issue

Sexual violence is the second most violent crime after murder. The working of the law and its procedures has only contributed to making victims and survivors violated afresh instead of offering succour for justice. Nigeria enacted the Children's Act in 2003 and 23 out of the 36 states have enacted their state laws. With so much legislation designed to ensure justice for women and children holding their abusers accountable for their crimes, incessant adjournments and delays discourage more cases from prosecution.

Description

Since 2005, MediaCon has been operating a crisis center model of a rape crisis center. The centre is resourced with 24-hr helplines, trauma management counselling, mental health assessment & access to treatment, psychosocial support and Victim Advocates who ensure rights of victims are protected during criminal justice process. With over 6000 cases, less than 20 convictions over 200 cases dismissed for various legal and currently 125 cases that progressed to prosecution stage and having witnessed firsthand the experiences of victims and families during the criminal justice intervention process with feedbacks from survivors during follow-up sessions. We embarked on a small study on victims general experience by gathering some data through questionnaires, Focus Group Discussions, one-on-one interviews and a documentary production from parents of child victims and adult survivors. Participants and responders constituted parents of child victims and adult survivors. The results showed that over 85% were displeased at various stages of the intervention. These included attitudes, actions and speeches that were inadequate, unprofessional, cynical, negative, dismissive, lack of empathy, non-respectful and sometimes outrightly insulting by responders who majorly consist of the police, medical, social workers and the judiciary. 100% reported their dissatisfaction with the court process and outcome. 65% felt they wasted time and resources. These led to survivors and their families experiencing secondary victimization and reluctance to continue with the justice process. To address these complicated, damaging and dire outcomes of the survey, MediaCon directed further and stronger advocacy efforts at the criminal justice officials to enhance a stronger and seamless continuum of services to victims. Also, we initiated and embarked on provision of training on important aspects of and components of sexual violence. These included dynamics of sexual violence; types of sexual violence; impact of sexual violence, caregivers and especially the immediate community; bystander interference and engagement; child development; policies and laws' culture and intervention roadmap for police officers, state prosecutors and defenders. Medical personnel were also trained in different groups, These sectors of the criminal justice sector were prominent representing over 68% of participation. Training was offered to the Ministry of Justice and Ministry of Youth, Sports and Social Development – the agency where social welfare is domiciled. Our training approach is experimental which stimulates discussions and encouraged participation from all trainees. Our methodology includes role playing, brainstorming, discussions, case studies, social drama and video sessions. Training sessions were conducted for state social workers with emphasis on victim-centred service provision and focus on psychosocial needs of victims as Nigeria and subsequently Lagos still has a rapidly evolving response system to sexual violence which is commendable. Special focus was given to the psychosocial aspect of the intervention process as this singular factor determines to a considerable extent the outcome of the criminal justice process. Reasons for this include the fact that psychosocial assessment determines the services and identify relevant responders to effectively attend to victims' needs such as emergency evacuation to safe

state custody especially in cases of incest, relocation of victims and families when unsafe accommodation actually predisposed victim to sexual abuse in the first place, revealing victim's identity in media reports which leads to shame and stigmatization, trafficking is involved. Funding is also required for transportation, feeding, clothing, rents and access to vocational skills. When these needs are met on time, victims and families are more cooperative to pursue the seemingly endless justice which is fraught with endless court adjournments that serves to discourage them. Outcomes of the trainings include observable behavioural change seen in empathy and compassion towards victims by responders' especially among the police who are mostly first point of contacts according to legal statues of Nigeria. This change in attitude by responders can be attributed to knowledge gained on dynamics of sexual violence. By addressing myths and misconceptions surrounding sexual violence, individual and societal values were clarified. The intersection of values and responders disposition to victims and their families was jointly explored by participants and the implication on service provisions was highlighted. All of these including the knowledge of other responders in the continuum of care stimulated willingness to work in synergy in a seamless referral which lessens the secondary trauma victim's experience during the crisis response process. Thsi in turn initiates the healing process of the victim.

Lesson Learnt

The learned can unlearn and relearn on dynamics of sexual violence and working with victims, survivors and their families. The process of unlearning is very important in view of the fact that sexual violence is a very dynamic crime and perpetrators keep finding new methods of committing this felony. New facts and discoveries keep emerging on local and global spheres about sexual violence from all relevant fields including medical, sociology, legal, forensics and development. Acquiring new knowledge sometimes implies letting go of old completely with the attending attitude which is sometimes difficult but possible when the right working and learning environment is available. Education can make a difference in results.

Recommendation

Continuous education via trainings for judges, magistrates, prosecutors, investigating police officers, medical personnel, social workers and others in the criminal justice sector will improve response to sexual violations, promote empathy and improve outcomes.

Biographic Notes

Princess Olufemi-Kayode is a journalist turned Psychologist with specialization in Criminal Justice, Forensic Interviewer and Trauma Management counselor and is a survivor of Child Sexual Abuse & Rape. Through her leadership, MediaCon has contributed largely to change the landscape of prevention and response to sexual violence in Nigeria by creating the first Rape Crisis Centre model in Nigeria in 2005, initiating Multisectoral approach to crisis response. In 2010, together with colleague and co-author, Folake M. Bankole won 'Best Poster Award' in the ICSoR, Utrecht, Netherlands. She is recipients to numerous national and international awards.

Folake M. Bankole is a registered social worker and Senior Victim Advocate and head of Crisis Response Center of Media Concern Initiative. She has a Masters of Social Work from the University of Ibadan and is a member of the General Social Care Council, United Kingdom. She is trained in Helpline Management, Victim Advocacy and Trauma Management.