

# Rape Crisis *news*

The newsletter of Rape Crisis Scotland

Issue 6 : Autumn 2006

## *International Issue*



Image by Estelle Carol

In this issue we celebrate the rape crisis movement in a global context. We are delighted to bring together accounts from 11 very different nations worldwide of initiatives and services working to combat sexual violence and support those suffering its devastating effects.

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# Editorial

**This year, the rape crisis movement in Scotland marks its 30<sup>th</sup> anniversary – something we are marking with an oral history project to record the recollections, accounts and reflections of the many women involved in shaping and developing the movement and the services it has engendered throughout the last three decades and will celebrate and describe in the next (Winter) issue of Rape Crisis News.**

**The Rape Crisis Cape Town Trust is also 30 years old in 2006 (Happy Birthday!) and in many quarters it appears that this first decade of the new millennium is a time that invites reflection: an opportunity to look back on the milestones and achievements that trace the development of rape crisis movement from its genesis in the women's movement in the 1970's to the much more widespread initiatives we see in many parts of the world today.**

Born of a recognition among many dedicated women that the desperate need for a service to support survivors of sexual violence would not be met unless they themselves did something about it, the rape crisis movement has grown from small beginnings with few or no resources through the efforts, persistence and imagination of these women and others who have followed in their footsteps to become

a flourishing global movement that continues to grow and spread.

In celebration of that fact, and of the many achievements of those whose efforts and commitment have made it possible, as well as of the service users who have benefited from and informed this work in countless ways, we are delighted to produce this very special issue of Rape Crisis News, with contributions from 12 different services from many different parts of the world.

When we first appealed for contributions, we had no idea that the response would be so overwhelming: the fact that this issue of Rape Crisis News is twice the size of the largest one previously published is itself an indication of the great pride which is so justifiably taken in the scale of the achievements described here, and the willingness to share experiences, goodwill and information with sisters engaged in the same struggle for resources, recognition and the raising of public awareness in the fight against sexual violence everywhere.



Reading here the accounts of initiatives and support services in countries as diverse as South Africa, Israel and the USA, Australia and Finland, Portugal and Switzerland, Croatia and Canada, and Slovenia and France leads to the striking realisation that whatever the individual differences between the ways in which the different services have emerged, many of the problems they face, and the barriers they are struggling to overcome, are exactly the same ones. Very many of these articles cite the prevalence of myths surrounding rape and the need to combat these : that women who are married cannot be raped by their husbands; that the majority of rapes are carried out by strangers in the dead of night; that if a man has had some level of intimacy with a woman, he is entitled to assume that this is an invitation to sexual contact; that children can be in any way responsible for abuse they may suffer; that some women 'lead men on' by dressing or behaving 'provocatively' and have only

# Editorial

themselves to blame if things go further than they wanted; that women who drink to excess should take some responsibility if they become victims of sexual violence.

Overcoming these misconceptions and misguided untruths is just one part of the wider struggle facing women everywhere, but these myths reflect and perpetuate the power imbalance underpinning every aspect of our lives, and actively contribute to the attitudes and social structures that militate against our efforts to obtain justice and equality, and, above all, respect for our sexual autonomy. Rape crisis centres and other women's organizations have made gargantuan efforts over the last 30-40 years in order to improve this situation, but the day when we can begin to have confidence that we will prevail is still a long way off.

Difficulties encountered by survivors in their attempts to seek justice through the judicial system are also, very often, the same ones, regardless of their location: secondary victimization of the complainant in court, a focus on the behaviour of the woman rather than on that of her attacker, and lengthy delays in the case coming to court, all make an already acutely painful and difficult situation even more of an ordeal. Unsurprisingly, with this further compounded by high attrition rates and low conviction rates, there is a great reluctance on the part of the great majority of women who have been raped to report the attack. This must change.

The elements which are unique to each service are also very interesting to compare, from social and cultural attitudes, historical and geographical factors, funding sources, and differing levels of local and national government commitment, to the relationship between rape crisis and other support services as well as many other factors. Many of these are very usefully highlighted in the comparative overview provided in the article by Martina Horvat, Vanja Jagetić and Ines Vrečko from Croatia.

Our heartfelt thanks go out to every woman who contributed to this issue, and to the

extraordinary organisations they represent and form a vital part of. To Chantel Cooper and the Rape Crisis Cape Town Trust, Leena Ehrling and Tukinainen in Finland, Marion Boyd and the Task Force on the Health Effects of Woman Abuse in London, Ontario, all the women at the Collectif Feministe Contre le Viol in Paris, Karen Willis and everyone at NSW Rape Crisis Centre, Glenda-Jayne McMillan and Courage for Women, Janine, Sarah, Rosangela, Sandra, Brigitte, Isabelle and Viol-Secours in Geneva, Dalia Tauber and Jane Jacobs at Jerusalem Rape Crisis Center, Vesna Ignatov and Društvo SOS in Ljubljana, Martina Horvat, Vanja Jagetić and Ines Vrečko, Nela Pamukovic, Suzana Kovacevic and the Centre for Women War Victims in Croatia, Liliana Azevedo and the Associação de Mulheres Contra a Violência (AMCV) in Lisbon, and Deborah Fry and the New York City Alliance Against Sexual Assault : we are proud to have you as colleagues and sisters and wish you every future success in our shared struggle against sexual violence everywhere.



*Stencil graffiti photos by Cicatrix/Ella (p. 2), Kars Alfrink (above) and Thomas Hawke (below)*



# Rape in South Africa

**The South African Police Service reported that 55,114 women reported rape in South Africa between April 2004 and March 2005.**

It is important to note that the South African police define rape according to the current legislation that narrowly defines rape and does not include other forms of rape such as oral rape, rape with an object, anal rape and male rape as these acts are defined as Indecent Assault and the police report states that 10,123 people reported Indecent Assault during the same period.

A disturbing trend is becoming evident in that both the perpetrators and the survivors are becoming younger. Of the 55,114 women who reported rape in 2004 and 2005, 40.8% of those were children. As an organisation, we prefer to use two types of data, the data provided by the South African Police and the data provided by research organisations such as the Medical Research Council which states that between one in nine and one in fifteen women report rape. We do not believe South Africa really knows what the real figure is or when our country will reach a peak and start our descent to safer communities, inside and outside our homes.

Global media have often labelled South Africa as the rape capital of the world and this is often done when statistics are released. As Rape Crisis, we analyse the statistics within a contextual framework and it is important to understand that our and other organisations have worked hard in the last 30 years, particularly since 1994, to raise awareness on rape and provide support services to women and men who have been raped. Rape Crisis Cape Town Trust was established in 1976 and our team of staff and volunteers have worked closely with the democratic government and partner organisations since 1994 to establish protocols, systems and infrastructure that aim to reduce secondary victimisation for rape survivors. Civil society organisations



and government departments have worked together to create National Rape Protocols for all departments who assist rape survivors, innovative infrastructural and service models have been created such as Sexual Offence Courts, Victim Support Centres at police stations and one stop centres for rape survivors known as Thuthuzela centres. The Western Cape has taken the commitment to address rape one step further and civil society organisations dealing with sexual violence and representatives from all provincial government departments have worked together to create a Provincial Anti-Rape Strategy that includes strategies around prevention, reaction and support services. This model not only encourages a civil society and government partnership, it also enhances the communication between departments. We believe that these efforts and the efforts to raise awareness on rape has encouraged survivors to report rape as people have become aware of where to go, what to do and that they will receive support.

Although, much has been done to create systems and structures, it is difficult to implement complete changes that will protect the rights of rape survivors as South Africa is still using the 1957 Sexual Offences Act and there are glaring gaps in the legislation. Rape Crisis and various organisations have been advocating for a change in the legislation since 1997 and the South African government has committed to ensuring that a new and improved Bill will be passed by the end of 2006.

We are often asked why survivors do not report rape and although there are various reasons, there are a number of myths around women and rape that are prevalent in our society and this was clearly reflected by the public reactions during the Zuma case that took place during 2006. The Zuma case reinforced a number of perceptions often

# Rape in South Africa

based on gender and sexual stereotypes that hold survivors responsible for rape. They include:

- If you dress in a certain way then you are asking for sex and deserve to be raped.
- Not yelling out the word 'NO' or physically fighting off the rapist is in some way a sign of consent.
- Being raped by somebody you know is highly unlikely, especially if it is your uncle or respected elder because real rape only happens when a stranger pulls a woman into some bushes late at night.
- Those with power, money and influence have better access to the criminal justice system and can more easily win their cases.

The myths and perceptions often undermine the credibility of survivors and we live in a society where we judge the behaviour of the survivor and not the behaviour of the perpetrator and it is the responsibility of the survivor to prove her innocence beyond reasonable doubt.

In South Africa the conviction rate in cases reported to the police is only 7%. This is not to say that 93% of accused are innocent but rather that they have not been found guilty and concerns have been raised around the high withdrawal rate of cases.

In many cases we have found that the people whom the survivor has to interact with often bring their own values into the work place and often judge the survivor according to their own values and beliefs and not what they are trained to do. This makes it difficult to protect the survivor from secondary victimisation.

Other reasons for withdrawal include intimidation from the perpetrator, the family of the perpetrator, her family or she makes the decision to continue with her journey to healing as the average court case lasts for a period of 2 years.

The myths and perceptions are not only reinforced by various cultural and religious

values and beliefs, unemployment, poverty, substance abuse and HIV are intersected as contributory factors that increase the vulnerability of women and children. We often find that a survivor does not only have to deal with the trauma of rape, but other factors such as HIV, employment to feed family, housing and so forth.

Based in Observatory, Manenberg and Khayelitsha, Rape Crisis Cape Town Trust (RCCTT) is a registered non-profit organization that has been dealing with the issue of violence against women, with a special emphasis on rape since 1976. Our organisation has adopted a multifaceted approach through both preventative and supportive services.

Our training and public awareness programme has an important and active role in creating awareness around rape and gender based violence. The lobbying and advocacy programme work actively to make changes in policy and legislation around sexual violence issues and the main aim of creating this awareness is to improve and entrench a respect for women and girls as individuals, and by so doing, create a safer environment for them in which to live.

Equally important, our curative team offers practical and emotional support to rape survivors and their families and friends through a range of projects such as individual counselling, support groups or long term counselling.

As a non-profit entity, our organisation relies on external funds to enable us to provide our services and it has become a greater challenge to find funding. Rape Crisis has started implementing a diverse fundraising strategy to ensure the organisation is able to continue making a difference.

As a country, South Africa has come a long way and so much has been achieved that we are proud of, but the time has come to take collective responsibility to end rape and violence against women and children and ensure that we are all safe in our homes and our communities.

***Chantel Cooper,  
Rape Crisis Cape Town Trust***

# Tukinainen, Finland



**According to statistics, violence against women is more common in Finland than in many other industrialized countries: 40% of Finnish women over the age of 15 have been assaulted either physically or sexually, while 52% have been sexually harassed.**

29% of women have experienced violence, sexually menacing behaviour or have been forced into sexual intercourse before their 15<sup>th</sup> birthday.

The number of reported incidences of sexual abuse of children has increased during the last decade. For example in 2004 the police were informed about 846 cases of aggravated sexual abuse of a child, whereas in 2003 the equivalent number was 744. Despite the statistics, violence in Finnish society, especially sexual violence, is to some extent taboo; it is a subject covered with secrecy and silence. Victims of sexual assault often feel ashamed and do not have the courage or strength to seek help. On the other hand, many professional helpers also feel that they do not possess the skills or knowledge required to help sexually abused women.

## **Tukinainen**

Tukinainen ['tuki' = support, 'nainen'= woman] is a crisis centre for women who have been

sexually assaulted or are victims of domestic abuse. Tukinainen is a registered, nationwide non-profit organization that supplements the social and health services, as well as the official systems in its own special field. So far it is the only organisation in Finland that is specialised in helping survivors of rape and sexual assault. Its operations are primarily financed by the Finnish Slot Machine Association. Tukinainen's main office is located in Helsinki, the capital of Finland. Tukinainen has recently opened its first regional office in the middle of the country, Jyväskylä. The aim is to open yet another regional office in the northern part of Finland.

The Crisis Centre was established by Unioni, The League of Finnish Feminists in 1993. Tukinainen started out as a project, the main purpose of which was to investigate the need of such specialized services in Finland, and through its experience to make suggestions for good practice. Tukinainen's work was reorganized in 2003 in a newly established association, Tukinainen ry [ry= registered association]. This became necessary due to expanded work field and its demands.

Tukinainen offers therapeutic and legal services for victims and those close to them (non-abusive partners, mothers, siblings etc). These services are free of charge to clients. The employees of Tukinainen are all women and qualified for their tasks – there is no volunteer work in Tukinainen. This has been a working principle due to the fact that among traumatic situations those involving sexual violence are known to have the severest consequences on victims' well-being. Professional help is often needed to help prevent these consequences, or in the case of old trauma, assessing its

# Tukinainen, Finland

consequences and planning proper treatment. Exposure to detailed accounts of experiences of rape, child sexual abuse and domestic abuse are potentially traumatizing also to the helper. A professional background, along with organisational arrangements including constant supervision and training are all means to prevent secondary traumatising of helpers.

Tukinainen is a national resource centre. Besides crisis counselling Tukinainen influences the professional and legal procedures, as well as the authorities and public opinion to decrease and prevent sexual assaults on women. Tukinainen also provides consultation and training for professionals, authorities, organisations and educational institutions in a variety of fields. Much of the current work effort in Tukinainen is about training and helping (by consultation etc.) professionals so that they can meet the needs of women who have been abused in the most appropriate way.

## Services provided

The most important way in which Tukinainen helps abused women is through two free helplines: Free crisis telephone, tel. 0800 97899 operates Mon-Thu 9.00 am - 5.00 pm and Fri-Sun, on holidays and holiday eves 5.00 pm - 12.00 pm. Crisis telephone offers confidential conversation, support and information about sexual abuse and violence. Callers also receive information about personal appointments and groups. It is also possible to call anonymously.

Free legal consultation, tel. 0800 97895 operates Mon-Thu 2.00 pm - 5.00 pm. Legal line offers confidential conversation and advice about legal matters and victims' rights and information about crimes (such as rape,

sexual abuse of children, violence against women in close relationships, molestation and restraining orders). Personal appointments and legal assistance in connection with a report of an offence, preliminary investigation and trial are also available to some extent.

Other crisis services include: open therapeutic groups, fixed therapeutic groups and weekend groups. Therapeutic groups have different aims. First of all, they are meant to offer a safe, confidential setting for women to meet other

women with similar experiences. Peer support can be very influential in helping to deal with traumatic experiences like this, as women often suffer from intensive feelings of guilt and shame, along with many symptoms of PTSD and depression. In groups, women get information

about trauma reactions and help from group leaders and group members to find ways to understand these reactions and get relief from them.

For many, it's a big relief to hear they're not going crazy, but suffering from normal reactions to abnormal experiences their ways of feeling and behaving are both natural and logical. All fixed therapeutic groups include some form of exposure to traumatic memories: women go through their painful memories. It is very important in groups to take into account that traumatised people do not benefit from hearing detailed accounts of horrible situations others have experienced. It can even be harmful. Exposure has to be arranged in a way that protects the group from being "too much" for the group members.

Writing, telling the story in individual meetings with the therapist etc. are all good means towards this end. Weekend groups are arranged to make it possible for women living in other parts of Finland to meet others with the same experiences.



# Tukinainen, Finland

## **The Advocacy Project : The Project providing Legal Aid to Victims of Domestic Abuse**

Domestic abuse is a major human rights concern as well as a serious crime and health problem. Domestic abuse may occur in any relationship regardless of the social group, income, age or religion. Domestic abuse is most commonly perpetrated by men against women.

The Advocacy Project was initiated in June 2004. It is a three year project which is financed by Finland's Slot Machine Association. The Project is coordinated by Rape Crisis Centre Tukinainen and is carried out in cooperation with The Federation of Mother and Child Homes and Shelters (Ensi- ja turvakotien liitto ry).

The main aim of The Advocacy Project is to provide free legal help and consultation for the victims of domestic abuse. The project also aims to find new innovative ways in tackling

the domestic abuse problem and to raise awareness of the problem among the public but also among the professionals already working in the field through communication and training. Prevention is an important aspect of the project.

## **Tukinainen's future prospects**

Tukinainen is currently going through a phase of expansion. Tukinainen's services are all well-known and respected. Bit by bit the secrecy surrounding sexual abuse is being ripped away. There still a huge amount of work to do but it seems that the direction is right; at least people are starting to talk about sexual abuse in public. In the future one of Tukinainen's challenges is to start providing services also for male clients. This process is now underway; the first therapeutic group for male victims of sexual abuse will start this autumn. Another future prospect is to start online counselling services on the web. This is one way to provide consultation equally to clients all over the country.

*Leena Ehrling, Tukinainen*

# Canada : Early Identification

*The Honourable Marion Boyd, former Attorney General and Minister Responsible for Women's Issues in Ontario has built an national and international reputation for her expertise on the issue of abuse of Women and Children.*

*She is Chair and Coordinator of the Task Force on the Health Effects of Woman Abuse and authored the Task Force Report. She travels extensively providing public and professional education on abuse issues. We are very grateful to her for this article.*



*Marion Boyd*

**London, Ontario**, is a world leader in the criminalization of woman abuse, the development of a coordinated delivery of services for victims, perpetrators and child-witnesses, and research into the

# Early Identification :

## Dealing with the Health Effects of Abuse

### **nature, dynamics and impacts of woman abuse.**

Since 1980, services providers from all sectors have met monthly at the London Coordinating Committee to End Woman Abuse to consider emerging issues, strengthen the referral network, lobby for new services and support funding applications to enable the expansion of the network. Membership is currently thirty-six agencies, including criminal justice, social service, mental health and addictions, child protection, health and violence against women services. Research on victim responses to the services, done in 1999, revealed that the health sector, even though represented at the table, was not actively involved in the coordinated effort. Health professionals were not inquiring about abuse as a health issue and seldom made referrals to the agencies expert in dealing with the effects of abuse.

Recognizing that leadership from health care professionals was the key to increased involvement, the Medical Officer of Health and the Middlesex-London Public Health Unit, Dr. Graham Pollett, launched the Task Force on the Health Effects of Woman Abuse. He recruited me to Chair and Coordinate the Task Force. We gathered thirty-three professionals, representing medicine, nursing, mental health, hospital administration, child protection, police services, Crown Attorney's Office, private counselors, shelters, community-based sexual assault crisis services, health-based Sexual Assault/Domestic Violence Centres, and academics specializing in violence research and prevention.

The Task Force met regularly for one year. The task was to research current health care interventions, to evaluate best practices, to develop a public health approach to violence against women and to make local, provincial and national recommendations to ensure health care sector action. The Task Force looked at current research and found that more than 50% of women in Canada report that they have experienced sexual, physical or emotional abuse at some point in their lives.<sup>1</sup> The Task Force gathered information on the health effects and indicators of woman abuse. It was clear that physical and psychological impacts of abuse are both numerous and serious, consuming vast quantities of health resources

and resulting in decreased health and quality of life for millions of women. It was clear to the Task Force that violence against women was comparable to any epidemic and needed to be addressed as such. Using a public health approach, the Task Force agreed that early identification of a history of abuse was essential if health care professionals were to make appropriate differential diagnoses and implement effective treatment and referral.

There are two different issues related to the identification of woman abuse, including sexual assault:

- The need to consider abuse as part of the differential diagnosis when women present with one or more symptoms or indicators suggestive of abuse.
- The need to provide early detection and intervention to those with no apparent signs or indicators of abuse who have experienced or are currently experiencing abuse (mass screening, routine inquiry or case finding.)

In clinical settings, the key for an indicator-based process is to educate health care providers regarding the indicators (signs and symptoms) of abuse, whereas for the mass screening, routine inquiry or case finding process, the aim is to have health care professionals proactively ask about abuse as part of their regular history taking/systems review, regardless of the presenting problem.

The Task Force studied a number of models for early identification including both indicator-based models and routine screening models. The majority of models studied rely heavily on health care professionals' recognizing symptoms and signs of abuse. However, this model requires extensive specialized knowledge of a myriad of possible symptoms or signs. It does not take into account the fact that victims of abuse, particularly domestic violence and sexual assault, are expert in hiding their pain and often take great pains to avoid showing any evidence that they have been victimized.

Research by the Canadian Public Health Association found that, using the current practices,

# Canada : Early Identification

*there is abundant evidence that violence is often overlooked in primary health care contacts. A recent study of Ontario doctors indicated that, by their own estimate, they identified fewer than 50% of abused patients in their own practices.<sup>2</sup>*

This research indicated that, despite the high incidence of sexual assault in Canada (found to be over 50% among both adult women and youth),<sup>3</sup> only 3% of primary care physicians identified the problem among their patients. As a result, their treatment plans and referrals were not designed to assist survivors with the effects of their abuse. While the Task Force strongly recommended increased undergraduate, post-graduate and continuing education among all health care professionals to help them understand the health effects of abuse, it decided that the indicator-based model was not a sufficient response to the very high incidence and severe consequences of woman abuse.

Currently, most interventions for woman abuse respond to disclosures or indicators that abuse has occurred. This is especially true for sexual assault interventions. Using the analogy of a river, the Task Force identified indicator-based inquiry as a “downstream” approach, which only aids a victim of violence after her or his situation has become public. Obviously, the “upstream” goal would be to create and maintain a non-violent society, which neither teaches nor tolerates sexual abuse. While this goal should continue to be the long term focus of efforts to end abuse, there are “mid-stream” interventions, more effective than the “downstream” approach now prevalent in the health care sector.

The Task Force decided the mid-stream approach they would recommend would be based on screening measures. Dubbed the **ROUTINE UNIVERSAL COMPREHENSIVE SCREENING PROTOCOL (RUCS** for short) the plan has the following elements:

**Routine screening** means that screening is done on a regular basis whenever women come into contact with a health care professional who is taking or updating her medical history,

whether or not indicators of abuse are recognized.

**Universal screening** means that every woman over an agreed age (the Task Force set the age of 12 years) is asked about her current or past experience of abuse by health care professionals with whom she comes in contact.

**Comprehensive screening** means that women are asked by health care professionals whether they have experienced or are currently experiencing any form of sexual, physical, psychological or emotional abuse as children, adolescents or adults.

Health care professionals routinely ask about alcohol or drug use, smoking and safe sex practices, because research has shown how severe and pervasive the effects of these psycho-social determinants are on health. When these questions were first proposed to health care professionals, many were reluctant to use them, fearing that these questions might be too intrusive and might interfere with their relationship with their patient/client. However, over time, both professionals and the general public have come to accept that these are crucial pieces of information for medical professionals to have if they are to provide appropriate and comprehensive medical care. The Task Force urges health professionals to deal with abuse questions in exactly the same way they would deal with substance abuse, smoking and safe sex issues. Research has shown that the fear of disrupting the health care relationship is unfounded and, indeed, that patient trust in health care professionals increases when abuse problems are addressed directly and sensitively.<sup>4</sup> The Task Force agreed that implementing the RUCS Protocol would require intensive education and re-education of health care professionals.

There are seven essential elements to screening for abuse:

- First and foremost, ask the question, simply, directly and matter-of-factly, every time a history is taken or updated.

# Dealing with the Health Effects of Abuse

- Use this process as an opportunity to educate patients/clients about the serious health effects of abuse and the need to address these.
- Document the details of any disclosure in a thorough, non-judgmental way in the health record. Remember, in future this record may assist the patient/client who pursues criminal, civil or compensation actions against an abuser.
- Assess the patient/client's health in the light of the disclosure, being aware of the common health issues experienced by victims of trauma.
- Address safety issues.
- Make appropriate referrals to specialists within the community, such as sexual assault crisis or treatment centres, counselors, and criminal justice officials if she is considering criminal charges.
- Follow-up with the patient-client to determine the health outcomes of the disclosure and the effectiveness of referrals that were made.

The Task Force developed a mnemonic tool to guide health care professionals in asking questions about abuse.

## GUIDING PRINCIPLES FOR SCREENING: A B C D – E R

- ✓ **A ATTITUDE** and **APPROACHABILITY** of the health provider is the key to disclosure of abuse;
- ✓ **B BELIEVE** and validate the patient/client's account of his or her abuse;
- ✓ **C CONFIDENTIALITY** is essential to disclosure. Be sure to outline frankly the limits on confidentiality so he or she can decide if it is safe to disclose;
- ✓ **D DOCUMENT** the details of the disclosure and the health consequences in a clear, consistent and legible way;
- ✓ **E EDUCATE** about the serious health effects of abuse; and
- ✓ **R RESPECT** the integrity and authority of each person's life choices and **RECOGNIZE** that the process of dealing with the identified abuse must be done at the patient/client's own pace, directed by her or his decision.

**Don't try to RESCUE!**

The **RUCS Protocol** has now been implemented by more than two-thirds of the 39 public health units in Ontario and in many of the hospitals and private practices operating within their jurisdictions. Hundreds of professionals have received intensive training on abuse issues and treatment options. Evidence-based research is ongoing to determine the outcomes, both short and long-term, of early identification through screening. Anecdotally, many health professionals utilizing **RUCS** believe that screening has helped them assist their patients/clients in a more timely and effective manner by fostering an understanding of the impact of abuse on their health and providing appropriate referrals for expert treatment.

**Marion Boyd**

The full **Task Force on the Health Effects of Woman Abuse Final Report** can be downloaded at [www.healthunit.com](http://www.healthunit.com) (click on Reports) or by calling the Middlesex-London Health Unit at 519-663-4317 ext. 2444.

## Footnotes

<sup>1</sup> Canadian Panel on Violence Against Women. Changing the Landscape: Ending Violence – Achieving Equality. Canada, 1993.

*Note that the Task Force focused its attention on woman abuse as was its mandate. However, the recommendations could equally apply to male victims and survivors if adequate services are available to allow appropriate referrals.*

<sup>2</sup> Canadian Public Health Association. Violence in Society: A Public Health Perspective, 1994, quoting from Ferris, L.E., "Canadian Family Physicians and General Practitioners' Perceived Effectiveness on Wife Abuse," Medical Care, vol 32, 1994, pp1163 -1339.

<sup>3</sup> Canadian Panel on Violence Against Women. op.cit.

<sup>4</sup> Rittmayer, G.L. and Roux, G. "Relinquishing the Need to Fix It," Qualitative Health Research Vol 9 (2): 166 -199, 1999.

# France - Answering Service

We are very grateful to the Collectif Feministe Contre le Viol (based in Paris) for this account of their Answering Service.

This detailed statistical breakdown offers a very interesting insight into the service, and the range of service users of this valuable French helpline.



Free N° ☎ : 0.800.05.95.95

## Viols Femmes Informations (Rape-Women-Information)

Free\* call from metropolitan France - Monday to Friday, 10 a.m. to 7 p.m.

\*= except from mobile phone

<i>One year at the Free N°« SOS-Viols-Femmes- Informations » answering service ( 2004 appears to compare)</i>	2004	2005
<b>Calls (from victims or closes) for rapes or sexual assaults :</b>	<b>2564</b>	<b>4785</b>
• <i>First call concerning a victim</i>	1893	2664
• <i>Repeated calls for follow-up</i>	671	2121
<b>Calls for other violences :</b>	<b>475</b>	<b>338</b>
• <i>Beaten women (reorientated to N° Domestic Violences 01 40 33 80 60) ①</i>	461	309
• <i>Mistreated children (reorientated to N° « 119 » ) ②</i>	14	29
<b>Calls for informations :</b>	<b>1295</b>	<b>1049</b>
• <i>About sexuality (except crimes and delicts) (reorientated to the M.F.P.F.-(Mouvement Français pour le Planning Familial- ) ③</i>	35	51
• <i>About our activity, asking from...</i>	1260	998
- social and associative structures	105	125
- médias, radio reporters, TV, etc...	13	33
- medical & paramedical professionals, psy., educators, social workers, etc...	347	293
- individual ④	795	547
<b>Meaningless calls :</b>	<b>1571</b>	<b>1931</b>
• <i>« jokes » ⑤</i>	775	581
• <i>insults ⑤</i>	133	235
• <i>silent calls ⑤</i>	278	507
• <i>hanged up</i>	385	608
<b>TOTAL</b>	<b>5905</b>	<b>8103</b>

# Viols - Femmes - Informations

<sup>1</sup>= reorientated to N° « Domestic violences » by Femmes Infos Services (after a short talk, in which we try to find out if this included sexual violence)

<sup>2</sup>= reorientated to N° « Mistreated Childhood » (after a short talk, in which we try to find out if this included sexual violence)

<sup>3</sup> = reorientated to the nearest « Planning Familial » (if violence is not mentioned but is a possibility, we try to « pass on the message », ...)

<sup>4</sup>= orientated like previously if concerned (if rape is not mentioned but is a possibility, we try to « pass on the message », ...)

<sup>5</sup>= if rape is not mentioned but is a possibility, we try to « pass on the message », when we have time...

## A few comments :

- The proportion of meaningless calls is important and represents a significant occupancy of our line, at the expense of « serious » calls ; but they are short (mostly less than 2 minutes) compared to talks with victims of rape or indecent assault that most often last 10 to 45 minutes.
- For reorientations, demands of information, it is sometimes difficult to know if the caller is someone who can't talk about the sexual violence she has suffered ; we don't neglect these calls - that's why, « if in doubt », we try to pass on information about rape and we explain it is always possible to join us on our answering service.
- We noticed a great increase in the number of calls in 2005 (but 2004 was a particularly low year), related to better circulation of our Free N°. Indeed, the national phone book enabled our Free N° to figure in the emergency phone number list, one in all French departments. Moreover, the renewal of our website [www.cfcv.asso.fr](http://www.cfcv.asso.fr) produced an increase in consultation, leading to calls to the Free N°.
- However, one indirect effect of phone book and website use has been an increase in the number of joke and insult calls, and

***In 19 years, our answering service has received more than 40,000 phone calls, of which more than 30,700 relate to different victims of sexual assault or rape.***



***This answering service offers listening, support and solidarity to victims, and gives them useful information on different options for moving forward at whatever pace suits them. Anonymity is of course respected.***

also a reduction in the demand for simple information with the website giving people direct answers to classic and impersonal questions.

**To answer these 8103 calls, 8 telephone counsellors took over from each other during the year 2005.**

*How can we know if the person is calling for the first time or not?*

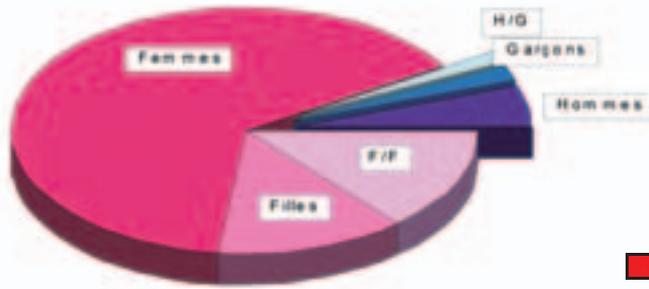
Of course, calls are anonymous. But, at the end of the talks, we ask the person to give us a first name (or an assumed name) and a departement N°. We explain that if a person wants to call us, she won't have to repeat what happened to her during a subsequent call - she would just have to remind us of these two elements and she could begin the talk as a follow-on from the previous talk. The majority of callers (appelants) accept this procedure which helps them avoid the difficulty of repetition and enables them to express, in different steps, their expectations and questions.

# France - Answering Service

In the following diagram, we provide a detailed breakdown of the statistics shown in the first line of the table on page 12 :

**First calls for rapes or other sexual assaults:**

Les appelants lors d'une premier appel en 2005



In 2005, 2664 persons called for the first time.

During the first calls, women and girls represent 91,1% of the persons who confide a rape or an other sexual assault to Free N° (8,9% of men and boys).

Adults represent 69,6% of Callers, children are 15,4%; Callers of which we don't know their age represent 15,1% of first calls.

### Legend:



- The number of "first victim calls" is really significant, because they represent the number of new sexual crimes and sexual offences received every year on our line! Or, to put it another way: 2664 new persons in 2005 who talk, mostly for the first time, about what they have suffered!
- Victims who are adult when calling are the majority: including women and men = 1855,

even if many of them were assaulted many years before, mostly during their childhood.

- Female victims are the biggest majority : women and girls represent 91.1% of victims – the attacker is almost always a man, idem for male (man and boys).

*N.B. : Persons we don't know the age is quite important (15,1% of first calls).*



Photo by Placida

# NSW Rape Crisis Centre

[www.nswrapecrisis.com.au](http://www.nswrapecrisis.com.au)

**GET-ON-LINE-HELP**

Support and information from a Sexual Assault Counsellor 24/7  
or phone 1800 424 017

**In 2005 NSW Police recorded 9,500 complaints of sexual and indecent assault.**

**The Australian Bureau of Statistics estimates that only 20% of sexual assaults are ever reported to Police.**

**This means that of a population of 6.72 million about 45,000, mostly women and children, experienced some form of sexual or indecent assault in 2005.**

During the same period there were less than 300 convictions in the NSW Criminal Justice system for sex offences. This equals a conviction rate of less than 1%. It is estimated that one in four girls and one in seven boys experience some form of sexual or indecent assault before they reach the age of 18 years and that one in 10 women are sexually assaulted at some time in their adult life. In 70% of sexual assaults the perpetrator is well known to the victim most commonly being a family member, a close family friend, or a work or school colleague. Of the remaining 30% of sexual assaults most are social acquaintances or men the women go out on dates with. Stranger danger is rare and

most assaults do not involve serious physical injuries.

Australia is divided into eight States and Territories of which NSW (New South Wales) is the most populous. Police, the criminal justice system in relation to sexual assault and support services for victims are state controlled and funded. This results in eight different systems operating in Australia. Each state has some aspects which are better than others, but no one state does it really well.

Up until 218 years ago, Australia was inhabited solely by the Aboriginal people. The population (an estimated 18 million) lived predominantly in coastal areas with large populations living in the south east of Australia. In 1788 Sydney was established as a penal colony by England and the death, by murder and disease, of the traditional owners was swift. This, along with the destruction of culture and dislocation from land continued for the next 150 years. Racism against the remaining community continues to have a great impact on survival. Today many Aboriginal people live lives comparable to some of the poorest in third world countries. Sexual assault of Aboriginal women and children, along with other forms of violence, in some areas is stated to be 100%.

# NSW Rape Crisis Centre

The colonisation of Australia created an imbalance between males and females in the non indigenous population which was not corrected until after the Second World War. Male culture was and continues to be paramount. Mate-ship, physical prowess and larrikinism are highly valued. For many migrants, both British and other nationals, maintaining attitudes, institutions and practices commensurate with 'home' was very important. This often meant that while 'home' moved on and adopted more enlightened attitudes and approaches Australia maintained its patriarchal systems and misogynist understanding about violence against women.

The division of work at home continues to be highly gender based with studies showing that the average married woman with children will do 70% of housework and be responsible for 65% of child care. Most studies note that this changes little when the women goes into paid work. Conversely if she leaves work to do full time home duties her responsibilities jump to almost 100% immediately. It is illegal in Australia to pay a person less on the basis of gender but male dominated fields of work on average attract 20% higher income than female dominated work. And yes, work is still very much divided into male and female employment.

Women are and have for some time been on equal footing with men in relation to tertiary education. This has not translated into equality in leadership roles in the public or private sector. The exception to this has been small to medium businesses, where women have been highly successful. Many women who hit the 'glass ceiling' in big business or the public sector



*Engraving from Mutawintji , marking a women's place.*

*Photo by genericavatar*

leave and establish their own businesses. Their success clearly shows that their inability to move into leadership positions is not related to their capacity to do the work.

In Australia it is socially acceptable, and in many communities a proof of manhood, for men to be sexually active. Predatory sexual behaviour is seen to be 'just boys having a bit of fun'. Women are expected to be good sports and be prepared to wear a bit of sexual 'play' and comment. If a situation gets out of control she should have seen it coming. A great many negative judgments are made of young women who dare to express their sexuality. Such women are sexually aggressive (not good), sluts and of course, if they are sexually assaulted, they were asking for it by the way they dressed, behaved or where they went. The 'aggressive female' myth, and of course feminism, is blamed for confusing men so that the poor things cannot tell the difference between consensual sex and a violent assault.

# NSW Rape Crisis Centre

NSW Rape Crisis Centre was established 32 years ago. In 1971, at the height of the women's liberation movement, a two day meeting was held in Sydney, NSW. Five hundred women attended, talked, cried and got organised. One of the collectives formed at that meeting went on to establish Elsie Women's Refuge, the first women's refuge in Australia. Another collective, the Sydney Rape Crisis Collective, set up in an abandoned building. They picked up women from all over Sydney and brought them to the Centre where they would offer counselling and medical help. Women were generally not encouraged to go to Police. Often Police were not receptive and believed many of the sexual assault myths which blame women for sexual assault and excuse the perpetrator/s for his actions.

In 1974 the Centre received its first government funding and its core work continues to be funded by the NSW Department of Health. The Service is an NGO and is managed by a committee of women. All counsellors are formally qualified and experienced in counselling and crisis work and are paid. The Centre operates 24/7 and is accessible by telephone or online via the Centre's website.

Women who contact the Centre are often in crisis. Some have been recently assaulted and are referred to sexual assault services. These services are based in the major hospitals across the State. Women can have injuries treated and forensic evidence taken by specially trained sexual assault staff. Evidence can be stored if the woman is unsure about reporting to Police. A sexual assault counsellor will speak with her, offer crisis intervention

and assistance and arrange for ongoing counselling. If the woman wants to report to Police they will be called. If a woman goes to the Police first they will transport her to the hospital for treatment and counselling before interviewing her.

Others who contact have been assaulted in the past or in their childhood but may have never talked about what happened. The trigger for contacting NSW Rape Crisis Centre can be the realisation that the impacts of the assault are too great and help to recover is needed. Most call the Centre one to three times and then access local face to face services.

For others, due to factors such as geographical location, mental health impacts or distrust of local services, face to face services are not immediately available. In these instances NSW Rape Crisis Centre may enter into a case management plan with the caller. Two to three goals are identified by the caller, and strategies to achieve those goals within a time frame, are agreed to. NSW Rape Crisis Centre does not provide telephone or online therapy but counsellors respond using therapeutic frameworks.

The remaining group of contacts are supporters of people who have been sexually assaulted. Some are professionals wanting referral information or strategies to further assist an existing client. Others are family members and friends. As the quality of a person's support network is directly linked to her recovery, NSW Rape Crisis Centre counsellors work closely with supporters. Counsellors provide information on what to

# NSW Rape Crisis Centre

expect and help the supporter to develop strategies to best assist the person they care about. Counsellors also provide a space for supporters to process their own emotions in relation to the sexual assault so that the supporter can then support without their own 'stuff' getting in the way.

In December 2005, the Centre launched Rape Crisis Online. This is a one to one, real time online counselling service offered via the Centre's website. Women can 'log on' and have a one to one secure 'conversation' with a counsellor. Many women who ring the Centre talk about how difficult it is to make that first call. By offering online access, women can request basic information and check us out. They are then encouraged to make telephone contact where more detailed support can be offered. In market research prior to the establishment of Rape Crisis Online one respondent said in support of the service, 'you can't cry and talk but you can cry and type'.

As with all feminist services, NSW Rape Crisis Centre is active in advocating for better services for women. A best practice model for the management of complaints of sexual assault and support services for victims in NSW is being developed. A campaign is being planned to have this model implemented. The model includes:

- resources and support services for victims offered from a 'one stop shop',
- law reform and changes to criminal justice practices and process to decrease delay (it currently takes two to three years for a matter to reach court),

- the establishment of a specialist sexual assault unit in the Department of Public Prosecutions,
- improved investigation procedures by Police, and
- the establishment of specialist courts for the hearing of sexual assault matters in key locations across the state.

While our work is aimed toward assisting women who have experienced this terrible crime what is really needed is reduction and then elimination of sexual assault.

Prevention education has often taken the form of telling women how to be safe and suggesting that all men are potential rapists. Not surprisingly this approach has not worked. Women are not responsible for sexual assault. To suggest they should constrain their actions to avoid violence in part blames them, is myth laden in its analysis of where and how sexual assault occurs and is a basic infringement of women's human rights.

It is also recognised that the majority of men are not violent toward women and in fact most men are just as appalled by sexual violence as women are. To be effective in prevention the approach needs to identify sexual assault as a community issue not a women's issue. Women and men must work together. Discussion and education needs to be about ethical sexual practices and about how our actions impact on others.

Simply put, sexual acts come in three categories: the fun, safe and pleasurable

# NSW Rape Crisis Centre

category; the unethical practices which may be legal but leave people feeling degraded and used; and the violent criminal assaults which destroy people's lives. By decreasing the unethical practices and increasing the fun, safety and pleasure category we will also move the goal posts on the violence.

NSW Rape Crisis Centre is not unique in its services, philosophy or history. We are born of the women's liberation movement. We are feminist. We are committed to the right of all women to live in a socially just, equitable and non violent society. In these principles we are proudly linked to Rape Crisis Centres, Women's Refuges and Women's Services in all corners of our planet. We are part of, and take great strength from, the world wide sisterhood of courageous, determined and powerful women.

**NSW Rape Crisis Centre**



*South Sandy Beach, NSW - Photo by Pip Wilson*

***We recognise as we demand a world without rape and violence, that we are reversing thousands of years of history and we are in for the long haul.***

***Even as we face this reality, we claim great hope:  
we believe that love is stronger than hate,  
freedom will overcome oppression,  
justice will conquer injustice,  
truth will never be defeated, and  
life will be found beyond our deaths.***

***We who are vulnerable are strong enough to  
change the world.***

# Courage For Women



**In October 2004, with the support of the Port Macquarie Reclaim the Night Committee, Courage for Women was officially launched at the Reclaim the Night events in Port Macquarie, NSW.**

**A bookmark was also launched, with the primary aim of distributing to services, victims and their families, vital emergency numbers on the reverse side, specific to local areas, which continues to be distributed to victims, survivors and advocacy services throughout the country and internationally.**

I founded Courage for Women in 2004, following my personal frustrations in attempting to access information, resources and support as a victim of sexual assault. I am acutely aware of the lack of services, justice and compensation to victims of this horrible and violent crime. Whilst Courage for Women is not a professional counseling service and recognises the valuable contributions professional sexual assault counselors provide to victims, I am aware equally of the valuable support survivors and victims of sexual assault provide to each other through their shared experiences.

In the immediate weeks following my personal experience as a victim of sexual assault, I was completely at a loss as to what I should do. I tried accessing three



telephone services, available to sexual assault victims in Australia. To my alarm, two of these over-worked and under-funded services were engaged for several days; the other had an answering machine, where my message was returned over a week later! It was at this point, I knew it was imperative in a community as large as Australia; I begin the foundations of a practical resource for victims and survivors of sexual assault which could break down isolation barriers, constructed by a society in denial of the impact of sexual assault



*Photo by Peter Konnecke*

*Port Macquarie, NSW*

crimes and the needs of victims.

Courage for Women is an online resource and support service for victims and survivors of sexual assault. The website is founded on linking victims with professional and advocacy services, whilst also providing a location for victims and survivors to inspire each other,

# Courage For Women

speak openly, express themselves creatively and share information with families and friends of victims.

Courage for Women was founded with one primary goal: to provide a resource which transcends physical and social isolation and give back to victims a sense of control over their lives, through knowledge and support.

The crime of sexual assault in Australia reflects the ignorance of an international community of the violation of women's rights around the globe. In the State of New South Wales in 2004 sexual assault was on the media's agenda, with the horrific crime of a highly publicized gang rape and repeated reports of professional sportsmen, committing crimes of sexual assault against women.

In the 12 months prior to June 2004, there were less than 250 convictions from nearly 11,500 reports of sexual assault crimes in NSW. Of these convictions only a small proportion of offenders served any time at all. Back in 1996 the Australian Bureau of Statistics conducted the 'Women's Safety Australia' survey. The results estimating 85% of sexual assaults go unreported in Australia each year. Undoubtedly there are a high number of victims living each day with the trauma of sexual assault in Australia, which go unreported to police.

In 2004, the Australian Government quickly responded to media attention, by launching the

'Australia Says No' campaign, in a preventative approach to educate the Australian public of the nature of violent and abusive relationships. The media campaign ran for two weeks in the middle of 2004, with a series of information booklets sent out to every household. How many literate people actually received the booklet and read it is unknown.

Whilst Australian victims of sexual assault have access to free counselling through their Community Health Services and via the previously discussed telephone counselling services, in addition to legal support through provision of a Charter of Rights for Victims of Crime, these resources fall short in addressing the ongoing issues concerned with the justice system, adequate compensation for victims and fail to accept current support services are overstretched and are unable adequately provide for all victims. It is naive to assume, given the vastness of a country as large as Australia, the majority of victims live in metropolitan areas or in communities with adequate access to sexual assault services.

As a teacher, this crime has brought to my attention the urgent need for all school curriculums to include programs which foster respect for women's rights and respect for human rights. It is not enough to provide ad-hoc media programs or one off funding opportunities. There needs to be an ongoing commitment to eradicating sexual assault from our communities. There must be a 'zero tolerance' approach to sexual assault crimes.

# Courage For Women

This starts with laying the foundations through education programs, in changing society's perceptions about violence.

In many rural jurisdictions in NSW there have been no convictions for sexual assault in the District courts for a number of years. Under Australian law an accused cannot be convicted of sexual assault without consent, if he truly believes a woman is consenting.

This injustice and primitive system of law, was made more real to me a week before Christmas in 2004, when the man who sexually assaulted me walked free from the courtroom, even with the testimony of a previous victim, to the laughter and cheers of his friends and family. It is an ignorant system of law and politics which continues to provide a loophole so large in the *Crimes Act* that any chance of increasing conviction rates slips straight through. Suggested reform options outlined in '*A Fair Chance: Proposals for Sexual Assault Law Reform in NSW*' still maintain that the accused cannot be convicted if he shows an honest and reasonable belief that the victim was consenting!

Whilst the State and Federal Governments address the issues of public knowledge in identifying violence and addressing low reporting rates of sexual assault crimes, their concerns fail to address the public misconceptions about victims of sexual assault and do not provide front-line programs, which foster an abhorrence for sexual assault crimes and any preventative approach for

communities. Task forces hastily pulled together under public pressure lack the victim representation crucial to any reform. Undoubtedly what truly needs to occur is so great a task that only through a united approach by advocacy groups can legal and social reform take place, which will directly address the needs of victims and survivors of sexual assault.

Time and time again we read report after report reflecting the needs of victims, providing suggestions for legal reform; we listen to short-lived media campaigns from knee-jerk political pressure; however these solutions are not enough. The voices of victims need to be heard, we need to provide forums for victims to speak out, where they can feel safe in standing up and their pleas will be listened to. The irony of the 'Australia says No' campaign is that victims are saying "no", loud and clear and it is society and the legal system which is failing to listen.

The greatest challenge I have faced in being heard as a victim of sexual assault, is undoubtedly stepping outside my comfort zone to face the ignorance of my community. I am continually appalled at the ease to which the public disregards the needs of sexual assault victims and the nature of sexual assault crimes. Many people I speak with still believe "these types of things don't happen in our community" or "to people like us". One of the aims of Courage for Women has also been to provide ideas for action for both individuals and

# Courage For Women

communities, from donating books on sexual assault, women and violence to the local school and public library, to supporting major events; Reclaim the Night, 16 Days of Activism and White Ribbon Day.

I will continue to privately fund Courage for Women in an effort to keep the voices of victims, survivors and their families heard. Through the continued efforts of a small number of volunteers, maintaining the website, keeping up-to-date with events, linking in with support services around the globe, we aim to provide as much information and resources as possible for victims and survivors of sexual assault.

Without the ongoing support of a dedicated group of family and friends, I would not have found the courage to speak out openly about

this horrific crime. However, not all victims are fortunate enough to be provided with such a solid network of support. I strongly believe that through sharing this courage with each other, we can unite and be a stronger force in educating our communities about the truth about sexual assault crimes.

The message we hope to spread around the Globe is that "NO" is not enough. When victims are being placed on trial, when victims fear reporting sexual assault crimes to police, when society denies the rights of victims to empathy, compassion and understanding, we must continue to educate ourselves and those around us, we must use every opportunity to speak out against violence against women, to tell the truth about sexual assault.

**Glenda-Jayne McMillan,**  
**Co-ordinator, Courage for Women**



*New York graffiti -  
Photo by Prograham/Brad*



*Kitchen and Fashion - That's Not  
Freedom - Photo by Anya Carey  
Quinn*

# Viol-Secours, Geneva

## **Viol-Secours : a friendly place for sexually assaulted women in Geneva, Switzerland:**

### **Some milestones...**

**1985: a handful of feminists founded the association named Viol-Secours (in reference to a sister association in Québec City) after a memorable trial involving gang-raped women squatters.**

At that time, sexually assaulted and/or sexually abused girls, adolescents or women had no friendly place to turn to. The law based on victim's rights is not yet foreseeable. Police officers have no training in sexual violence issues and discourage women from pressing charges. Healthcare professionals are generally ignorant and/or dismissive.

Viol-Secours started as a militant project. After two years, its existence received official recognition when the state of Geneva (a Swiss canton) began to subsidize it with a small amount of money which has increased over the years. Nowadays, the workers are no longer volunteers but paid professionals keeping a spirit of feminist militancy.

Thanks to the feminist struggle in the seventies and eighties, things have improved somewhat for women. In 1993, a federal law in favour of victims of offences (loi sur l'aide aux victimes d'infractions LAVI)) as defined in the Swiss penal code was implemented. In 1994 the LAVI centre of Geneva opened to provide services according to the law. In 1998, a unit for victims of all types of violence (CIMPV) was created within the Geneva general hospital. In early 2000, an independent centre for sexually abused children, or adults abused in childhood, and for young perpetrators (CTAS) was set up. We refer here exclusively to the situation in Geneva because Switzerland is organized as a federal state and the situation may differ a great deal from canton to canton.

**2 0 0 5 ,  
November 26<sup>th</sup>:**  
Viol-Secours organized an imaginative and colourful celebration of its 20<sup>th</sup> birthday, its pioneer work, and its future (see [www.viol-secours.ch](http://www.viol-secours.ch)).



### **What Viol-Secours does:**

The association activities follow two main lines:

- Free and confidential support to women (from 16 years old onwards) who have been sexually assaulted no matter when or how. The same offer is provided to family, friends and all concerned persons or professionals
- Prevention projects for fighting and limiting the incidence of sexual violence against women

### **What Viol-Secours can offer:**

- Support and information by telephone, letter, and e-mail
- Face to face counselling
- Accompanying women when and where required (legal, medical, social, personal steps)
- Art therapy sessions (drawing, painting, collage, clay, theatre, writing)
- Support groups for women who have suffered sexual violence
- Participation in collective support (e.g. a political support group for a sexually harassed worker pressing charges against her employer for not protecting her after she has complained)
- Self defence courses for women and adolescents (FEM DO CHI a method from Québec)
- Prevention projects (e.g. booklets, articles, flyers, films, training sessions in adolescent classes on advertisement and pornography images or training sessions for professionals on the issue of sexual violence, etc.)

# Viol-Secours, Geneva

- Resource centre in partnership with a women's library (Filigrane)
- Website ([www.viol-secours.ch](http://www.viol-secours.ch))

## Who Viol-Secours is:

- An all female professional team with four social workers (2 x 75%, 1 x 65%, 1 x 15%) and one administrator (20%) working in joint management
- A board which acts as the employer (five women and one man)

## Financial support:

The state of Geneva is the major financing body, with whom we signed a partnership contract in December 2004. The city council of Geneva and other municipalities also grant funds. Funding comes also from private donors and the subscriptions of members.

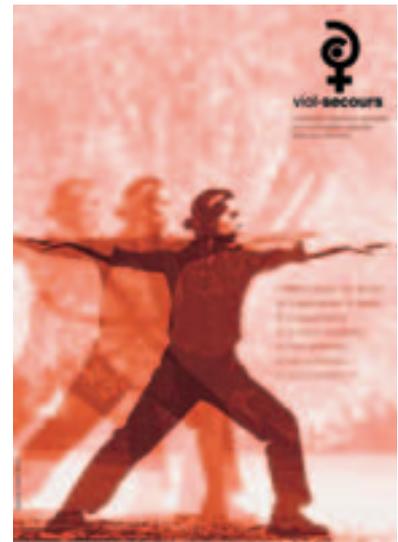
## Other support agencies in Switzerland:

According to the federal law LAVI, each Swiss state (canton) must have a consultation centre and subsidize it. These centres support men as well as women and children who are victims of any type of offence defined in the Swiss penal code. They are not particularly specialized in helping victims of sexual violence, but since three quarters of their clients are female they are meant to encounter a lot of marital and sexual violence. In the German part of Switzerland, some of the actual LAVI centres were formerly autonomous rape crisis centres set up by feminists.

## Problems encountered:

- Victimology is becoming a large and juicy market for all kinds of professionals in different fields. The victim status may induce adverse effects, e.g. affecting women's ability to become active in the process of recovery after a sexual assault, to regain self-esteem and autonomy. One must keep in mind that a differential gender identity construction is always at work: females are still expected nowadays to behave more passively than males.
- Medicalization of trauma creates a serious problem. Too many women are heavily medicated. They are not in

touch with their emotions, suffering and body. How to find the path of recovery and how to follow it when drugs are prescribed instead of human



support? At a certain point, a victim of sexual violence has to confront her suffering to make her own way through it. But she will need competent and reliable allies to do that.

- Gender analysis of the causes of sexual violence against women is not on the agenda of victim support agencies. They would prefer to look at the issue as only an individual, psychological or couple problem. It is probably too disturbing to take into consideration the sociological aspects of sexual violence because it would imply important societal and individual changes.

## Turmoil

From the late nineties till 2004, the association kept a low profile in order to gain acceptance within the specialized network dealing with victims of violence. But this strategy is not very successful: we are still largely considered as outdated feminist activists and not as professionals using a tool named gender among others.

In 2004, the association ordered a social audit to examine its internal running and external image. One of the consequences of this was a split within the professional team. The majority wanted Viol-Secours to turn into a plain social service with a hierarchy; a minority wanted to resume a clear profile and to assume our identity and our goals even if our ideas and actions are not politically correct and not part of the current climate (joined management, for example). After much discussions and struggle,

# Viol-Secours, Geneva



Janine, Sarah, Rosangela, and Sandra, Viol-Secours workers, with Brigitte, Viol-Secours President

the three workers in favour of the first scenario resigned.

2005 was a year of revival. The remaining team (two women) worked hard to hire colleagues in phase with the renewed spirit. Statutes were dusted off since they were originally drafted in 1987. One major change was the admission of men as members of the association who can therefore be elected to the board. In January, an extraordinary general assembly voted in the statutes and elected a new board. A charter which states clearly that Viol-Secours values a gender analysis of violence against women was drafted by a working group and adopted by the board. Viol-Secours is asserting its identity and the professionals are confident and happy to belong to a closely-knit

team which receives good support from the dynamic board.

## **Legal aspects**

Up to 1992, rape and other sexual offences were described under a section of the Swiss penal code named “Infractions contre les mœurs” (offences against morals). Finally in 1992 the section title was renamed “Infractions contre l’intégrité sexuelle” (offences against sexual integrity).

Another major change was the recognition of marital rape, although it is not placed on the same level as rape committed outside marriage. Only the wife may press charges against her spouse and the prescription time is six months instead of ten years. This trace of patriarchy was erased in 2004.

# Viol-Secours, Geneva

The definition of rape remains old fashioned. Rape is defined exclusively by the forced intromission of a penis into a vagina. Thus only a woman can be raped. All other sexual acts are prosecuted according another article called "Atteinte à la liberté et à l'honneur sexuels. Contrainte sexuelle" (Offence against sexual liberty and honour. Sexual constraint).

In Geneva, police inspectors who receive persons wanting to file a complaint for sexual offence are well trained and competent. Alas, we cannot say the same about judges. Not all, but many lack training and sensitivity on this complex issue and do not seem interested in acquiring more skills. Their sexist values, myths and prejudices are often at work.

We do not have precise statistics on complaints, prosecutions and convictions for rape or other sexual offences but we have the definite impression that they are similar to the ones reported in the newsletter of Rape Crisis Scotland summer issue. Reported sexual offences are increasing a lot, the number of prosecutions is increasing discreetly, the number of convictions is stable.

Sadly, it is what we have to tell to women who want to decide if they will file a complaint or not. Of course if they choose to go on we accompany them and we support them along the taxing procedure. In our practice, most women who press charges express that their motivation is to



Isabelle, Viol-Secours worker, with Viol-Secours Charter behind

prevent further offences on other women. Who says that female solidarity is a myth?

Our warm thanks go to Rape Crisis Scotland for giving us the opportunity to speak about our action. We are not yet in the European Union but we are part of Europe too!

## Viol-Secours, Geneva



# Jerusalem Rape Crisis Center

## History

**Founded by a group of immigrant women from North America in 1981, the Jerusalem Rape Crisis Center in Memory of Linda Feldman (JRCC) was one of the first Rape Crisis Centers in the Middle East.**

**From humble beginnings - operating a Sexual Assault Hotline out of a suburban garage a few hours a week - the JRCC is today one of 12 Centers operating across Israel, serving both regional populations and specific target groups. One memorable, shortened national phone number 1202- dialed anywhere from within Israel or the Palestinian Territories, will automatically put the caller through to their nearest hotline.**

The Association of Israeli Rape Crisis Centers, as well as cooperating together to provide high-level service provision to survivors, additionally engages in prolific political and legislative advocacy both to advance the rights of survivors of abuse and campaign for tougher sentencing for perpetrators.

The JRCC, like all Crisis Centers around the world, is dedicated to fighting sexual violence within wider society, while providing maximum support to all those who seek help following abuse. Services revolve around a 24-hour hotline, staffed by trained volunteers, offering



Jerusalem - Photo by David Poe

immediate and long-term support in a number of languages to victims of sexual violence, their friends and their families, as well as fielding inquiries from the police, legal, medical and welfare professionals. All walks of life approach the JRCC hotline for assistance: Young and old, religious and secular, Jewish, Muslim and Christian, tourists, foreign workers, trafficked women, new immigrants and longstanding residents. Callers will be provided with Crisis Intervention counseling and offered a number of services ranging from individual meetings, therapeutic referrals, long-term support groups, as well as ongoing accompaniment and follow-up visits to hospitals, police stations and courts. Some 5,000 calls are received by the JRCC's Hotline each year - a significant fraction of the 35,000 calls made nationally.

## **Sexual Violence- A Shared Problem**

The city of Jerusalem, at the center of an ongoing conflict, presents a unique challenge for violence prevention. Sexual abuse remains an unwelcome and prevalent phenomenon in both Israeli and Palestinian societies, traversing cultural boundaries and permeating all social sectors. Statistics published by the Association

# Jerusalem Rape Crisis Center

of Rape Crisis Centers in Israel in 2005 denote that 34% of hotline callers are aged between 13-18, and 28% report an attack that took place to a victim under age 12. Data collected by the JRCC's sister center *Sawa* (which operates an Arabic Hotline out of East Jerusalem) indicates that Palestinian youth are equally if not more vulnerable to sexual violence due to ongoing oppressive living conditions. In Jerusalem as a whole, it can be seen that young victims of sexual violence are left feeling violated and isolated, typically reluctant to turn towards "official" organizations for support. For this reason, the JRCC, together with *Sawa* decided to work together in raising the awareness of Jerusalem's youth against Sexual Violence, and above all provide them with information as to where they, or their friends and family members, can seek help. Such a step would require a pooling of knowledge and resources that had been developed over the years, and an appraisal of the needs of the youth on both sides of the city.

## **"Joint Forces for Social Change"**

The JRCC first developed a program to address the challenge of reaching out to Jerusalem's youth and educating them against Sexual Violence head-on in the early 1990's. Outreach projects were devised based upon successful Prevention Education carried out by Rape Crisis Centers all over the world, in the form of Awareness-raising Workshops for ages 11-18 in Schools, Youth Clubs and Community Centers. This, in essence, is the core of the Outreach Work today: Trained Volunteers from

the JRCC's Outreach Department implement the workshops, with the sensitive content (see pages 30-31) which deals with many social taboos, accordingly adapted and tailored to the age and culture of the participants - recent examples include Immigrant students from the Former Soviet Union, Ultra-Orthodox Jewish students, and students with Learning Difficulties. Outreach Department Volunteers additionally design and implement Prevention Education workshops within corporate settings, NGO's, and the military.

The Outreach department continues to develop extensive informative education materials for participants of all ages. For the "Joint Forces for Social Change" workshops, booklets and colourful stickers advertising the hotline number are distributed to all participants. School Years will be divided into small, often single-sex groups, staffed by male and female volunteers respectively. Crucially, JRCC Outreach Workers will also contact each school prior to the commencement of the cycle of workshops, in order to determine if there have been any known incidents of violence within the school that can or should be used as triggers for discussion.

The cornerstone to "Joint Forces for Social Change" is the dedicated cadre of JRCC Outreach Volunteers, mainly students recruited from local Universities, whose flexible schedules and commitment to Social Change make them ideal candidates for such activism. Several also research related issues over the

# Jerusalem Rape Crisis Center

course of their volunteer period. Volunteers undergo comprehensive training on Workshop Implementation and Group Facilitation, as well as basic Crisis Intervention skills to deal with the frequent approaches from participants following the workshops who choose to share personal stories of abuse.

The Jewish and Arab Outreach Volunteers are also afforded regular opportunities to meet, via a joint semester course on the topic of Human Rights, Conflict Resolution and Gender-Based Violence, which provides them with an unprecedented forum to exchange knowledge, discuss their experiences, and forge ties for the future. Project meetings are held with JRCC and Sawa staff.

Testament to the effectiveness of “Joint Forces for Social Change” is the fact that the project continued to flourish despite the Intifada, Jewish-Arab tensions and ongoing regional violence, at all times placing the education of local youth against sexual violence as a shared priority. Close to 900 Prevention Education Workshops reaching over 7,000 Jewish and Arab 11-18 year olds- were carried out in 2005. Tellingly, “Joint Forces for Social Change” has also led to hundreds of young people calling the hotlines of each Center for support, citing their workshop participation as a direct catalyst for their approach. Often callers will admit that until they attended a workshop at their school or their youth club, they had never encountered notions of sexual violence, and were not even aware that what they were suffering was called abuse,

or abnormal, or even criminal. For this reason alone it can be seen to what extent this project is clearly needed by Jerusalem’s youth.

“Joint Forces for Social Change” has proven itself as a unique venture, raising awareness and sensitively educating upcoming generations against Sexual Violence. While we are painfully aware that we have far to go in our struggle, we feel confident that this project, which breaks down so many social and political barriers, remains a positive and effective step in the right direction towards a non-violent future in a war-torn region.

## “Joint Forces for Social Change” Workshop Content

Each School is offered an optimal 4 workshops, although the program can be condensed into fewer sessions should the school be reluctant to allow the full course of 4.

### **1. Social Messages of Gender:**

Examining the messages and representations of masculinity and femininity transmitted by our society. The workshop looks at advertisements and/or children’s fairytales and discusses the gender images portrayed. Participants are encouraged to examine their own reactions to the various images, and discuss how these responses and stereotypes influence both themselves as individuals and society as a whole.

### **2. Sexual Violence I:**

Employing the use of a powerful trigger to introduce the notion of Sexual Violence. In separate sessions for boys and girls, a poem describing a prolific gang rape of a 14 year old girl is read and followed by a discussion. This workshop raises preliminary questions as to society’s responsibility in dealing with sexual violence.

# Jerusalem Rape Crisis Center

## 3. Sexual Violence II:

One of a selection of short educational films, created and produced by both JRCC and other Israeli Rape Crisis Centers, is shown at the beginning of this workshop. Then, in light of the research carried out by the JRCC Staff in conjunction with liaison staff at each school, the facilitators will carry out situational presentations regarding sexual violence that are relevant to specific incidents, familiar to the participating students.

4. **Secrecy:** Discussing the phenomenon of secrecy for both the victims of sexual violence and the responsibility of those who are aware of the suffering of others. Examining individual and social obligations, and providing information as to dealing with abusive situations and above all, where to turn to for support and assistance.

*Jane Jacobs and Dalia Tauber -  
Jerusalem Rape Crisis Center*

## Dealing with abuse in Slovenia

**The Association SOS Help-Line is a non-government organisation, working since 1989.**

**Its basic purpose is to help women and children - victims of violence. Help is offered in two basic programmes: SOS help-line and in the Shelter for abused women and children.**

Our additional programmes are: a self-help group, educating professionals, raising public awareness, an annual action "What is the matter little girl?", publishing manuals and cooperating with other government and non-government institutions.

We encounter all sorts of abuse, including sexual.

What does each programme have to offer?

- **SOS help line:** the free phone number is for all who experience violence and abuse. Trained volunteers who guide the counselling conversations are available from 12 am to 10 pm on workdays, and from 6 pm to 10 pm during weekends and holidays. Victims are offered support and actual help by telephone conversations, personal counselling, legal help and escorts to different institutions. The first contact with the caller is of extreme

importance, for we are the first ones who the caller has trusted with his or her story. Help-line volunteers are trained to give all the necessary information about the procedure (reporting the crime, hearing, police work, court proceedings...) and about possible types of help (counselling, the net of government and non-government organisations, self-help groups)



- **Shelter for abused women and children**  
Its main purpose is to offer psychosocial help to women and their children who have suffered physical, psychological and/or sexual abuse. In addition to previously mentioned help we offer them a safe place to stay and our professionals help them to organize their lives. Usually, physical abuse is the most obvious type of abuse. Women talk about it freely. Psychological abuse is harder to recognize, sexual abuse is even more hidden, although it is present in most cases. We talk about violent sex, forced intercourse after physical violence, rape, using different objects (bottles,...), intercourse in the presence of children. The worst problem is sexual abuse of children. Our counsellors have to establish a trusting relationship with women, because this is the only way for women to open up and talk about their feelings and experiences. Normally these women experience a strong sense of guilt, they

# Dealing with abuse in Slovenia

direct the anger at themselves, they make excuses for the abusers and their actions. During the counselling process they recognise the dynamics of the violent relationship, they direct the negative feelings to the right person and at the same time they realize that nothing was their fault. At the same time they develop and grow as people, set new boundaries and regain their self esteem. All these things cannot be achieved within a year of their stay at the Shelter, that is why our work includes a wide range of information about available outside professional help. If they want they can continue their counselling at the Shelter.

Victims of sexual violence in Slovenia are still faced with a lot of different stereotypes, which make reporting the crime even more difficult. It is often thought that the victim is to blame due to her behaviour or the way she is dressed. The victim is ashamed, she feels guilty and finds it hard to report the crime. Court proceedings are long, the victims have to endure several hearings, they have to repeat their stories over and over again and so relive the feelings. All these things are understandable from the legal point of view, but for the victim the whole thing can be another victimization. She has to be in the same waiting room as the abuser, she has to ask for the abuser to be removed from the courtroom during her testimony, the abuser has the right to ask her questions... Sentences are a special problem, for they are usually probational or the defendant is found not guilty due to the lack of evidence. That is why it is of extreme importance to give women all the information about the court proceedings, so they know what awaits them, but we never discourage them from reporting the abuser.

There are quite a lot of organizations in Slovenia that offer help to victims of sexual violence. These are mainly non government institutions which are sponsored by the state. The victims can also get help at some government institutions, Social Service Centres (information, personal help, financial aid), Police, state attorney's office (reporting



Ljubljana - Photo by Tim Waters

the crime), national health care (psychological and psychiatric help).

Non government organizations that offer help<sup>1</sup>:

- **The Association SOS Help Line** already described at the beginning of the article ([www.drustvo-sos.si](http://www.drustvo-sos.si))
- **The Association Against Sexual Abuse** – they provide help to children and young victims of sexual abuse, to adults who were abused as children and support at discovering the abuse. They provide phone counselling, they have support groups for victims and their families, personal counselling, advocacy. ([www.med.over.net/zpsz](http://www.med.over.net/zpsz))
- **The Association Key** - association against trafficking. They offer programmes to inform the general public and possible or actual victims of trafficking and sexual exploitation. They also try to raise awareness about selling human organs, all sorts of forced labour and human rights violations. They offer practical help to victims - phone counselling, psychosocial help, advocacy, medical care, possibility of temporary housing and they help to organize coming home. ([www.prostovoljstvo.org/organization.php?id=29&strback=YWJjPUs=](http://www.prostovoljstvo.org/organization.php?id=29&strback=YWJjPUs=))

# Dealing with abuse in Slovenia

- **Association Against Violent Communication** - individual counselling for women and children who have experienced any kind of violence, telephone counselling, e-mail counselling, advocacy. They are the only non government organization in Slovenia which offers counselling to the offenders. ([www.drustvo-dnk.si](http://www.drustvo-dnk.si))
- **Women Counselling** - they too provide different types of counselling to women and children who have experienced violence or abuse. They offer advocacy to all their users. ([www.drustvo-zenska-svetovalnica.si](http://www.drustvo-zenska-svetovalnica.si))
- **Emma** - they help children and young people in distress, especially victims of violence. They offer individual

counselling, telephone counselling, a support group for young women victims of violence, and advocacy. ([www.zavod-emma.si](http://www.zavod-emma.si))

- **Youth Aid Centre Association (YACA)** - their main programmes are dedicated to young people in trouble. Young people who have been sexually abused can join a self-help group. ([www.cpm-drustvo.si](http://www.cpm-drustvo.si))

If the victims also need housing or a safe place to stay, they can stay in shelters or safe houses which are located in nearly all regions of Slovenia.

Non government organizations in Slovenia estimate that every seventh woman is raped, every fifth is beaten. There is no official data, the following statistics are available at the Slovene police website<sup>2</sup>:

	Number of criminal offences		% change	Number of C.O. with known suspects		% of C.O. with known suspects	
	2003	2004		2003	2004	2003	2004
Rape	70	87	24,3	65	71	92,9	81,6
Sexual violence	75	64	-14,7	64	55	85,3	85,9
Abuse of frail person	24	13	-45,8	24	12	100	92,3
Violation of sexual inviolability involving abuse of position	27	26	-3,7	26	26	96,3	100
Sexual assault on minors aged under 15	196	218	11,2	184	201	93,9	92,0

The statistical data here and on the next page shows the number of reported crimes, although the number of unreported ones can be much higher.

Working with the victims of sexual violence certainly is challenging and demanding, for one is often faced with incomprehension on the part of government institutions, not knowing the dynamics of violence, long proceedings, low sentences and an always

present distinction between 'permissible' and 'non permissible' violence (as opposed to zero tolerance to violence). On the other hand there are positive effects, little victories - life without violence for many women, a 12-year sentence for a father who abused his daughter, hearing a woman say that your work has helped her from the beginning..., all these are moments that give our work a special value and a desire to go on and try to make some changes in the society.

*Please see over for more statistical data*

# Dealing with abuse in Slovenia

	Number		% change	Cleared up		Share up		Cleared-(%)	
	2004	2005		2004	2005	2004	2005	2004	2005
Rape	73	47	-35,6	63	44	86,3	93,6		
Attempted rape	14	11	-	8	9	57,1	81,8		
Sexual violence	64	65	1,6	55	54	85,9	83,1		
Involving abuse of position	26	32	-	26	32	100	100		
Assaults on minors under 15	218	188	-13,8	201	174	92,2	92,6		
Other	35	58	-	33	58	94,3	100		
Total	430	401	-6,7	386	371	89,8	92,5		

<sup>1</sup>The presentation of non government organizations is based on a manual of Psychosocial help for women and children who experience violence; P. Černič: Noninstitutional ways of helping violence victims; The Association SOS Help Line; Ljubljana, October 2004 <sup>2</sup>[www.](http://www.)

[policija.si](http://policija.si) - Annual report on the work of the police 2004, Annual report on the work of the police 2005

*By Counsellor Vesna Ignatov, B.S.S.W.*

## Rape : Croatia/World Comparison

### RAPE AS A CRIMINAL OFFENCE CROATIA - WORLD COMPARISON<sup>1</sup>

**Authors:** Martina Horvat, Vanja Jagetić and Ines Vrečko

#### SUMMARY

The aim of this paper is to attain a clearer perspective on the general attitude towards rape in Croatia. Some authors (Regan, Kelly, 2003) have recently mentioned that the crime of rape is becoming "The Forgotten Issue" in 21st Century Europe.

This paper should offer a review of current strategies applied to this problem, and a brief overview of the way it has changed during the last 20 years. Namely, we try to establish whether the subject in question is given adequate attention by the legislative, the police and other instances, stressing some difficulties and compiling available statistics. We charted information on attrition rates, using available data - reported and prosecuted

rape cases, and the number of convictions that followed. As a conclusion a listing of possible future procedural reforms is given.

**Key words:** the crime of rape, interrogation, reporting, prosecuting and convicting rape cases

#### 1. DEFINING RAPE CRIME

Since it has first been recognised and sanctioned, rape continues to be a crime that is difficult to define or prove. The definition of rape in Croatia has changed in the last twenty years, just like it has in most other world countries.



*We wish to thank the Centre for Women War Victims who helped us and cooperated with us on this article.*

# Rape : Croatia/World Comparison

**Table 1 : Changes in rape law in surveyed European countries (Regan, Kelly, 2003)**

COUNTRY	YEAR	LEGAL CHANGES	
Austria	1989	➤ changes in terminology (language of rape and sexual assault) ➤ gender neutral approach	
	2001	➤ rape in marriage ➤ less strong resistance requirement ➤ increase in sentencing if assault leads to death ➤ widened definition of the act itself (penetration)	
Belgium	1989	➤ new definition of the act ➤ gender neutral approach	
Cyprus	1994	➤ rape in marriage	
	2001	➤ men as survivors of rape	
Czech Rep.	1992	➤ sentencing range decreased	
England & Wales	1993	➤ charging boys under 14 years of age	
	1991	➤ men as survivors of rape	
Finland	1993/7	➤ rape in marriage	
	1999	➤ the accused cannot cross examine the survivor ➤ bill revising all sexual offences law	
	1998	➤ gender neutral approach ➤ lower requirement of force/threat	
Germany	1997	➤ this is no longer classified as a moral crime ➤ three degrees of sexual assault ➤ a state prosecution for higher two offences	
		➤ rape in marriage ➤ gender neutral approach	
		➤ wider definition to include the exploitation of vulnerability and dependence	
Greece	1984	➤ widened definition to include sexual assault	
Hungary	1997	➤ Rape in marriage ➤ gender neutral approach	
		➤ a wider definition	
Iceland	1992	➤ a wider definition	
Ireland	1981	➤ exclusion of sexual history evidence ➤ rape in marriage ➤ widened definition, forms of penetration	
		1990	➤ resistance requirement removed ➤ review of sentencing ➤ further widening of definition
			➤ under 14 boys can be charged
Italy	1989	➤ women's groups can be parties to case	
	1996	➤ rape became crime against person ➤ defined as 'sexual violence'	
		➤ six month window to report, cannot withdraw after the case is once reported	
Latvia	1999	➤ increase in sanctions	
Luxembourg	1992	➤ extended definition to all forms of penetration	
Macedonia	1997	➤ rape in marriage	
Portugal	1998	➤ male rape	
Romania	1996	➤ increase in sanctions	
	1997	➤ male rape	
Scotland	1986	➤ restriction of sexual history evidence	
	1989	➤ rape in marriage	
	1995	➤ further restriction of sexual history evidence	
	2001	➤ removal of force from definition	
Slovenia	1995	➤ male rape ➤ marital rape a state offence	
		➤ introduced concept of 'offences against sexual freedom'	
Spain	1989	➤ rape in marriage	
	1995	➤ widened definition	
	1999	➤ increase in sentencing ➤ definition again widened	
Sweden	1984	➤ gender neutral	
	1998	➤ widened definition, all forms of penetration	
Switzerland	1992	➤ rape in marriage	

# Rape : Croatia/World Comparison

The most important legal changes in the last 20 years are:

- A widened definition (all forms of penetration are included)
- recognizing rape in marriage
- gender neutral approach (both survivors and perpetrators)

Rape crime as is described in the Croatian Penal Code, chapter 188. (Pavišić, Veić, 1998):

«Whoever forces another person into sexual intercourse or a sexual act equal to sexual intercourse, by using force and threats of taking her life or violating her body, or the life and body of someone close to her, will be punished with imprisonment, one to ten years in length.»

It is evident that the legislative changes in other countries shown in table 1. are analogous to the changes in the approach to this criminal offence in Croatia.

The Croatian Penal Code from January 1<sup>st</sup> 1998 defined criminal offences against sexual freedom and sexual morality. There were changes based on ground principles of freedom and human rights: gender equality (gender neutrality), sexual freedom, laws against abusive sexual behaviour, strict laws protecting those younger than 14 (minors) when considering sexual integrity. Minors (from 14-18 years old) continuously appear as subjects of legal protection in many legal acts defining criminal offences. The relevance of state protection of sexual freedoms, when considering gender inequality in society, is in mirroring general gender behaviour through individual sexual behaviour. Force or threats were constitutive traits in determining rape as a criminal offence. Since rape has been recognised as a crime the use of force and threat was part of the definition.

According to the Croatian Penal Code from the year 1998 (Pavišić, Veić) rape does not only include a sexual act but also an act equal to a sexual act. Marital relations between the perpetrator and the survivor is not seen as a barrier for reporting rape, and gender neutrality is present in defining both perpetrator and victim. From the 1st January 1998 the perpetrator of the rape crime can be anyone.



Zagreb - Photo by Tom Poederbach

This is known as a criminal offence of *delicta communia*. On the grounds of a general principle of gender equality, when considering the legal protection of sexual freedoms, all genders could be both perpetrators and survivors of rape crime (Pavšić, Veić, 1998).

## 2. OVERALL OBJECTIVES

From 2001 to 2003 Regan and Kelly have conducted the research which has dealt with rape as «a forgotten issue» (Regan, Kelly, 2003). The overall objective of the research was to strengthen the network of nongovernmental organizations who work on this issue. In 35 countries the Ministries of Justice were asked to collect and provide data on reported, prosecuted and convicted individuals in the period from 1977 to 2001. Only five countries had complete data, which shows the lack of crime follow-up within police reports and judicial statistics (number of cases, increase of the criminal offences etc.). Based on the collected data (mainly not complete) the authors have concluded that the number of reported rape crimes is decreasing so additional attention to the problem of rape should be paid in all countries in Europe.

The aim of this work is to collect data on reported, prosecuted and convicted perpetrators of rape crime in Croatia. Data will be presented in line with authors' research approach, namely placing Croatia in the European context, in order to be able to compare the information available. Collected data will help us gain better insight into the Croatian official approach to rape crime. This information could shed some light on the question of whether or not rape is really an issue that is forgotten in Croatia.

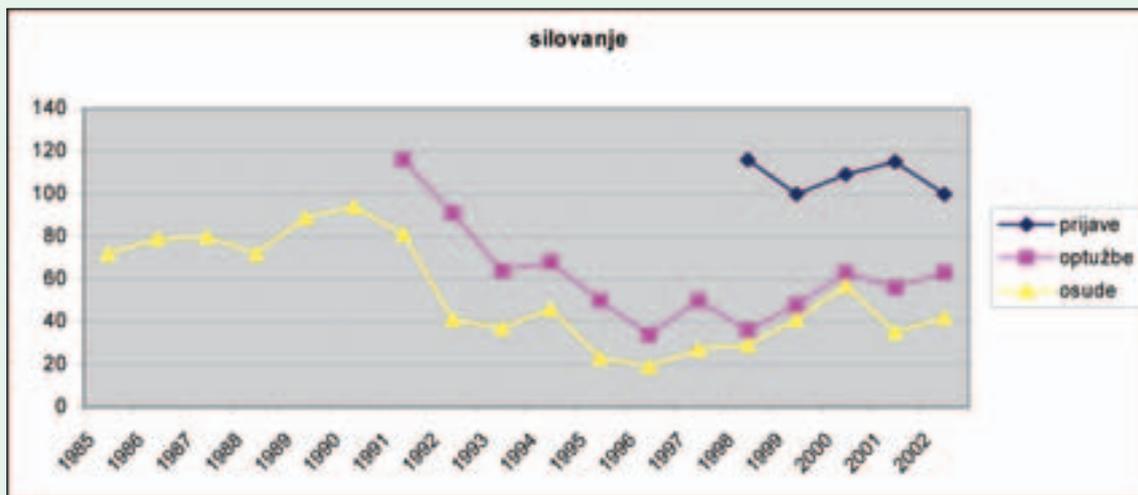
# Rape : Croatia/World Comparison

**Table 2 : Statistical evidence of rape crime in the Republic of Croatia, 1985-2002**

	1985	1986	1987	1988	1989	1990	1991	1992	1993
reported									
prosecutions							116	91	64
convictions	72	79	80	72	89	94	81	41	37

	1994	1995	1996	1997	1998	1999	2000	2001	2002
					116	100	109	115	100
	68	50	34	50	36	48	63	56	63
	46	23	19	27	29	41	57	35	42



**Title:** rape

**Legend:** blue line- reported

pink line - prosecutions

yellow line convictions

Collected data covers the period from 1985 to 2002. Earlier data was not available in the Central Bureau of Statistics. It was evident, from the available statistics, that the number of reported rape cases was fairly equally distributed over the years, mainly over 100 reported cases per year.

A small decrease of reported cases was marked from 1998 to 1999, and after that an increased number of reported cases in 2000 in comparison to 1999. That can be attributed not only to significant changes which occurred in legislation considering the rape crime in the Penal Code dating January 1<sup>st</sup>, 1998, but also to increased public sensibility to rape crime. After 2001 the increase in reported cases came to a stop.

Regarding the number of women prosecuting and testifying on trials, it was evident that the number of cases reaching the court is always lower than the number of women who reported the rape. In 1993 a sudden decrease in the

number of cases reaching trial was marked. Around 60 cases appeared before the court, in comparison to 1991 when around 120 faced trial. The lowest number of reported rape crimes was marked in 1996 (less than 40). The number of cases tried is significantly smaller than the number of reported cases. The smallest number of tried cases was in 1996. In 2000 the number of tried cases increased compared to previous years and it came closer to the overall number of reported cases.

A discrepancy was found when comparing data on reported perpetrators of rape crime provided by the analytical department of the Ministry of Internal Affairs (Vrečko, 2003) with data provided by the Central Bureau of Statistics. In this paper we use data from the Central Bureau of Statistics. However, in the year 1998 data on reported perpetrators were not collected. It can be assumed that insufficient attention was given to the increase and decrease in the frequency rate of this criminal offence as well to the discrepancy between the number of reported cases and tried cases in the given period. Which factors play a role in untried cases of rape crime is an interesting question which still remains open to discussion.

# Rape : Croatia/World Comparison

Apart from collected data, there is also an issue of the scope of «hidden numbers» regarding this criminal offence since data was not carefully collected and therefore lacks credibility. The number of reported criminal offences always differs from the number of validly tried individuals (due to not knowing who the perpetrator was, process barriers to completing the procedure etc.) and even the characteristics of this criminal offence show that rape is a problem.

It is a much more severe offence than what could be interpreted by reviewing the official statistics.

### 3. BARRIERS TO SUCCESSFUL PROSECUTION OF RAPE

A range of reasons have been pointed out as barriers to rape prosecution over the years. Barriers varied, because very different approaches to rape crime were applied by different countries. With the intent of summarising general reasoning on the matter, authors Regan and Kelly (2003) sought the views on the matter of 35 Justice ministries as to what they regarded as the most significant barriers to prosecution. Their answers relate not only to details of law and procedure, but also to the social construction of rape, but a more critical stand is yet to be taken (Regan, Kelly, 2003).

**Table 3.**  
**Barriers to successful prosecution**

Barrier	Justice Department
Burden of proof/limited evidence/lack of evidence	Cyprus, Czech Republic, Finland, Hungary, Iceland, Slovenia, Spain, Sweden, Switzerland
Under – reporting of rape	England & Wales, Germany, Portugal, Romania, Spain
Unwillingness/victim withdrawal	Finland, Germany, Hungary, Sweden
Lack of training and/or understanding of rape within police forces	Belgium, Finland, Latvia
Undermining credibility of victim/victim blame	Hungary, Malta, Latvia
Conflict for victim/or threats if offender is family member	Germany, Portugal, Spain
Difficulties for victims dealing with the criminal justice system	Czech Republic, Greece
Lack of services nationally for first response to rape/lack of support for victims	England & Wales, Hungary, Sweden
Difficulty of assessing victims credibility/testimony	Germany, Slovenia, Spain
Delay in reporting to the police, including loss of evidence	Ireland, Spain
Inadequate legal procedures	Hungary, Czech Republic
Inadequate forensic medical facilities/resources/skills	Belgium, Latvia, Malta
Non - identification of offender	Iceland
Long delays in court proceedings	Ireland
Low public awareness	Slovenia
Limited incentives for prosecutors	England & Wales

(Regan, Kelly, 2003)

# Rape : Croatia/World Comparison

## 4. THE PROSECUTION OF RAPE CRIME, a criminologist's overview of practices in Croatia today (Vrečko, 2003)

Experience shows that sexual assaults are difficult to prove and research. There are many reasons for this. This is an offence that rarely includes witnesses other than the perpetrator and the survivor. So, the good and timely prosecution of rape cases depends on the decision of the victim to report the crime and on the initial police actions.

According to the statistical data 80 percent of rape cases in Croatia were reported by the victim herself (Vrečko, 2003). So, special attention should be paid to the survivors, to the specific circumstances of reporting this type of crime. A survivor is an individual who is hurt, either physically or emotionally or both, and so we need to understand the specifics of the situation she is in. The victim is often the only witness of her victimization and the source of all available initial information. The amount and quality of information she will be able to provide depends on whether or not she is able and ready to take part in the reporting process. Also, the manner in which the initial contact with the victim is conducted is very important. This first conversation is crucial to further forensic analysis. The questions that need to be asked are connected to the place, time and manner in which the crime was committed, and so on. The nature of the relationship between the perpetrator and the survivor is established, whether they had known each other prior to the incident and had their relationship changed since the crime.

All of this helps direct the planning and take appropriate actions in researching the incident.

Suspects often deny the offence ever took place, they blame all on the victim or her family, look for witnesses to confirm their alibi, and so on. The discrepancy between the statements prolongs the process, among other things. Problems in prosecuting and investigating also include insufficient evidence (especially if proper medical examinations have not been conducted in time), low report rates and several other reasons.

Due to all of this there is a specific organisation of police activity in the investigation process and prior to the investigation. (Modly, 1996).

In order to successfully prosecute rape special attention should be paid to carrying out crime scene investigation. It is crucial to have the evidence gathered in this stage of investigation. But, since 1975 only 35 per cent of all reported cases have had a crime scene investigation conducted. This is not a sufficient percentage, and actions should be taken to increase this percentage. It is very important to investigate the crime scene, even after a long time period since the crime has been committed. This is the only way to determine if any (material) evidence can be found. Investigating the crime scene enables professionals to reconstruct the events in question.

There is a wide-spread prejudice that the police tend to be indifferent to rape survivors and that police officers sometimes even suggest that the victim is somehow to blame for the rape. This kind of prejudice is harmful to rape survivors, because it can influence their willingness to report the crime. A victim obviously will not report a crime if she feels she will be bullied in doing so (Vrečko, 2003). The manner in which the initial interview is conducted and the form of questions asked is very important. If the questioning is not conducted properly survivors often suffer doubts about continuing the legal procedure. They start to believe that they will not be trusted, which can lead to **secondary victimisation**. The influence of common negative attitudes toward the police and the actual investigation process could be responsible for the decrease in reporting the crime while increasing the dark number. Negative attitudes are harmful to victims and are very common in our culture. Victims' friends and family believe the myth of the insensitive police and this makes the survivor even more sensitive to the hurt of the actual police interview. (Modly, 1996).

An inadequate approach to victims by the police is based on insufficient education of professionals. So, when there is no quality education, we presume some police officers get influenced by common prejudice, like 'a lady cannot get raped, she is not a lady

# Rape : Croatia/World Comparison

so she deserved it, or she did not really get raped', 'she got what she asked for', 'she is responsible for the rape because she dressed provocatively', 'many reported cases are false, girls are lying for some reason'... It would be necessary to provide adequate education to all who approve of this kind of false reasoning, in order to give some insight into the specifics of this crime and the importance of an objective approach to victims of rape. Correct education would weaken the myths (the roots of which are difficult to trace) and it would put an end to prejudice (Vrečko,2003).

The police and the society have a common interest in increasing the number of reported rape crime while decreasing the dark numbers.

## 5. ELEMENTS OF RAPE CRIME

Rape is a criminal offence against the state since the state initiates all legal action aimed at the offender (Krapac, 1998). The survivor becomes merely an eye witness, she is just another piece of evidence that can prove that the alleged criminal offence indeed did occur and this is how the legal process is out of the survivor's control. Even if the offence gets reported to the police, it is up to the state and its prosecuting attorneys to decide whether the crime is going to be prosecuted. They determine whether the reported assault meets the criteria for an offence, decide on the qualification for the assault; it is possible for the case to be dropped during the procedure.

The survivor is hardly ever informed or consulted; she does not even know what stage of procedure her case undergoes. It is very rare for the survivor to be able to talk to any state official working on her case (except maybe for the inspector who initially interviewed her), so she can hardly influence anything in the procedure in any way. Even though the prosecutors will play a role in the proceedings, the survivor cannot choose his/her legal representation and in most cases the survivor will not even see the prosecutor much before the trial. In some countries, for example in Scotland, a private law suit is made possible; it is not only the state that can press charges.

Elements that make convictions difficult (based on Kolarec, Pamuković, 2003):

- **Lack of material evidence:**

The survivor's statement is not enough to make a case. It is important to attain material evidence for the reported offence. Material evidence includes medical reports, photographs of wounds, ripped clothing, etc. A testimony without material evidence is not enough for the report to result in prosecution. Police may decide there is not enough to go on and drop the case if material evidence is not presented.

- **Lengthy Procedures:**

Due to lengthy procedures survivors are often required to testify/give statements a long time after the actual crime was committed. Procedures are extremely long and uncertain. Sometimes, years after the crime a survivor is told she must testify. Such cases illustrate the neglect of human and citizen rights in Croatia. The state is failing its female citizens.

- **Attitudes towards the survivor (problems with police being prejudiced and encountering general stigmatization):**

Survivors often feel as if they are the ones on trial. Croatia's rape law does not, to this day, include an awareness of secondary victimisation or the need to exclude sexual history interrogation and evidence from the proceedings. English law states, for example, that a victim of rape cannot be asked any questions regarding her sexual past, unless the judge requests such questioning. Croatia's law does not include anything of the kind. Sexual past and medical records may be used in the legal procedure to undermine the victim's statement and testimony. This is not shocking if we consider the cultural context. It is widely believed in Croatia that the survivor must take some (if not all) the responsibility for a rape crime. This must be the reason for a large dark number of rape crimes in Croatia. Secondary victimisation is a big factor in rape being an underreported crime.

# Rape : Croatia/World Comparison

## 6. RECOMMENDATIONS

The following changes which are necessary in the treatment of survivors of sexual assault in Croatia (Kolarec, Pamuković, 2003):

- Protection of the survivor, her anonymity; full confidentiality should be guaranteed regarding her address and all other information that could harm her if revealed
- Exclusion of sexual history evidence from the proceedings; a survivor should not be questioned about aspects of her private life (sexual history), except if a judge requires it
- Introducing technical equipment in legal procedures; using video and other technical equipment, like screens in courts to enable the survivor /witness to give evidence or be cross-examined without facing the attacker, if the survivor requires such aid
- Speedy legal procedures; it is important to ensure the completion of all proceedings within a period of two years time
- Reporting the crime to the police: the possibility of interviewing survivors in the comfort of their homes and/ or hospitals, shelters and crisis centres, depending on the situation
- It is the responsibility of the police to ensure the survivor is interviewed by a female officer if she so wishes (this should be made clear by the police before the interview)
- The ability to place a private law suit.

It is also important for each country/region to have shelters and rape crisis centres that are equipped to help survivors of sexual assault, and are available to survivors 24 hours a day. It is necessary for these institutions to be financed by the state. It is also important to have empathetic and well trained staff (lawyers and other) working in such centres.

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New York Mural - Photo by Mark Chang

# Sexual Violence in Portugal

## History and work of AMCV

**In 1992 a group of women survivors of rape got together to set up a self-help group.**

**Aware that other forms of violence against women and children existed, namely sexual abuse and domestic violence, on the one hand, and realising that there were no support structures in those fields in Portugal, on the other hand, they decided to create the *Associação de Mulheres Contra a Violência*<sup>1</sup>(AMCV).**

In order to become a specialized support agency to help women and children survivors of domestic violence and sexual assault, AMCV established partnerships with the Tavistock Clinic, Kidscape, Child and Woman Abuse Studies Unit of the London Metropolitan University, Life Crisis Institute of Boston and Refuge.

In the late 1990's another self-help group for survivors of incest was created. At the same time, AMCV began to train professionals. Initially, it was invited by the General Health Unit to take part in training courses for health professionals as an expert on child sexual abuse and domestic violence. After a while, AMCV started organizing seminars and workshops targeting social workers, lawyers and other high state officials, psychologists, doctors, teachers, police officers, etc., responding to the need for a multi-professional and concerted intervention. The purpose of those training seminars was to sensitize professionals and to improve the quality of services.

Run only by volunteers during almost ten years, in 2001 a financial agreement with the Social Security Office allowed AMCV to open a community centre (where counselling and psychological, legal and employment support are provided) as well as the first Portuguese



Lisbon - Photo by Gianfranco Chicco

shelter for women survivors of domestic violence run by a women's NGO.

Since 2003, AMCV has been enlarging its field of action to trafficking in women for sexual exploitation. Recently, AMCV co-founded the "Platform No to Child Sexual Abuse" (2004) and the "Portuguese Association for Prevention of Child Abuse and Neglect" (2005).

### Lack of data

National data about sexual violence is sparse and limited. Statistical information comes from the police and the health care services. The problem is clearly underestimated, because only a few survivors of rape and sexual assault go to the hospital or report to the police.

A variety of reasons linked to religion and culture may explain the fact that survivors of rape and sexual assault do not want to report these crimes. They feel ashamed about what happened, humiliated, they do not want to expose themselves, because they feel they won't be believed and they fear that nothing will happen to the perpetrator if they do complain.

Furthermore lots of myths, like "a woman cannot refuse sex to her husband or boyfriend", "some women ask for it if you consider the way they dress" or "women should not go out alone at night" still persist nowadays.

# Sexual Violence in Portugal



## **If survivors do not report, how do we know about sexual violence occurrences?**

As mentioned above, survivors generally do not report sexual crimes. As a result we do not have a clear perception of the scale of the problem, but rough estimates can be made through analysis of physical violence complaints.

The greater part of women survivors of domestic violence who come to AMCV have been forced to have sex with their partner but they neither call it rape nor are they aware of the fact that their physical integrity has been violated and above all they do not talk about it. They come because they have a battering problem not because of sexual violence. They will only declare it later on, if directly questioned about it.

## **Legal context**

When a victim of rape goes to the hospital, she will be sent to the gynaecological unit, which is not qualified to do forensic analyses! Of course in cases of rape, this kind of proof is crucial. In Lisbon, Oporto and Coimbra, the victim must

go to the Forensic Institute to get the necessary evidence; otherwise she will get a basic medical exam.

For any sort of crime, victims have six months to report it to the police. However, in the case of rape this does not apply, because Portuguese law obliges victims first to complain if they want to have forensic expertise, even if they are shocked after having been through a rape situation or another kind of sexual assault and might not be able to decide immediately if they want to report the crime.

We believe that the victim should have the right to forensic expertise, so that evidence can be collected, and then have six months to decide if she wants to complain or not.

## **Portuguese Penal Code Sentencing Framework**

**Rape: 3 to 10 years**

**Sexual coercion: 1 to 8 years**

**Trafficking for sexual exploitation: 2 to 8 years**

**Pandering: 6 months to 8 years**

**Child sexual abuse: 6 months to 10 years**

## **What kind of support is provided in Portugal?**

At the moment there are no specialized support agencies to help survivors of rape and sexual assault, only organizations that provide information and do awareness raising work with young people.

At AMCV, we provide legal support during all of the complaint procedure, we work jointly with police and medical services, including the Forensic Institute, and keep following closely the needs expressed by the women. We also provide training to professionals.

# Sexual Violence in Portugal

## What needs to be done?

Health care services need to improve the quality of their assistance in order to provide specific aid to victims of rape and sexual assault, like emergency contraception, sexually transmitted infection prevention and treatment, forensic analyses and psychological support.

Health staff as well as police officers need to be well trained since they play an important part in the recovery process of the victim. Moreover women survivors of sexual violence need special care and not to be re-victimized.

Though there have been some improvements in the field of domestic violence, there is still a lack of specialized services for survivors of sexual assault. Namely, sexual assault has not yet been recognized as a form of violence that requires specially trained professionals and agencies at a community level.

We believe that we still have a long road ahead and Portugal needs to make some investments in public awareness raising campaigns and in the development of research on this issue.

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## NYC Alliance Against Sexual Assault

### Ensuring Sexual Assault Survivors Access to Quality Care in the Big Apple

**By Deborah Fry, MA, MPH, Research Director at the NYC Alliance Against Sexual Assault**

**How does one ensure that *all* survivors have access to the best quality of care services in a city with a population of nearly 8 million? That is what the New York City Alliance Against Sexual Assault (the Alliance) strives to do.**

The mission of the Alliance is to develop and advance strategies, policies and responses that prevent sexual violence and limit its destabilizing effects on victims, families and communities. We accomplish this through: 1) research to document the extent of sexual violence in NYC and determine the effectiveness of current intervention and prevention efforts,

2) education about the devastating aftermath of sexual violence and opportunities for its prevention, and 3) advocacy for responsive policy development, practice and legislation with public officials and service providers.

We know from U.S. statistics that 17.6% of adult women and 3% of adult men have been sexually assaulted (attempted and completed rape) during their lifetime<sup>1</sup>. This means that in New York City alone, 1.3 million women and over 200,000 men have been sexually assaulted at some point in their lives. In the last year, it is estimated that over 22,000 women and nearly 7,000 men were sexually assaulted in New York City. These are numbers of staggering proportions. Survivors seek out services that are provided across public sectors: 1) acute health care services made available at hospital emergency departments; 2) mental health care made available at rape crisis programs (most of which are hospital-based), 3) and criminal justice services made available through the New York City Police Department and 4) through the Sex Crimes Units at the District Attorney's offices in the five boroughs of NYC.

# NYC Alliance Against Sexual Assault



Photo by James McQuarrie

## Services Available in NYC

As of 2005, there were 63 emergency departments within the city. According to Public Health Law<sup>2</sup>, the emergency departments must follow a protocol for treating sexual assault patients. This protocol was developed and is maintained by the New York State Department of Health<sup>3</sup>. Many services in the acute care setting, such as offering emergency contraception where indicated is mandatory by law in New York City.

### *Acute care services*

Dedicated rape crisis and health professionals developed the first Sexual Assault Forensic Examiner (SAFE) programs in New York City the early 1980's. Passage of the Sexual Assault Reform Act (SARA) in 2000 mandated that these best-practice services be made available to victims statewide. To become a SAFE program, hospitals must apply for Center of Excellence status through the NYS Department of Health following a checklist of services that must be available including 24 hour services by a trained examiner. The Alliance is the only NYS Department of Health certified training program for SAFE's in New York City. Annually we train over 200 health professionals through this five day course.

As of May 2006, there are 15 hospitals designated as SAFE Centers of Excellence

in NYC<sup>4</sup>. This number represents 24% of the emergency departments in the City. Mayor Bloomberg has instituted Sexual Assault Response Teams (SART) at public hospitals citywide. Currently there are SART programs in the Bronx, Brooklyn, Manhattan and Queens. SARTs operate in the same way that SAFE programs do except that the medical provider and victim advocate can travel to multiple hospitals within the same system to provide care.

### *Rape crisis programs*

Rape crisis programs are the longest-standing community based interventions for sexual assault. Rape crisis programs began in the 1970s, when volunteer activists received training on the crisis response and were on call to come to the side of a rape victim wherever she was, and to accompany her to the hospital or police, or neither. As there were few women police officers when this movement was born, the police sometimes contacted the advocates to come and talk to and comfort a rape victim. Now, there are more than 1200 rape crisis programs in the United States<sup>5</sup> and over 15 rape crisis programs in New York City.

In NYC, rape crisis programs are now mainly located in hospital-based, community-based or university institutions. Most programs have paid staff that can provide short-term confidential individual and group counseling to survivors, regardless of how long ago the assault took place or where it occurred. Most of these programs also offer their counseling services for free. Increasingly, many programs are offering specialized services for adolescents, males, LGBT and non-English speaking survivors.

Volunteers are still an integral component of rape crisis programs and serve as rape crisis advocates to provide support to patients who go to the emergency department after an assault. These volunteers are carefully selected and receive 40 hours of training on crisis intervention, quality care, working with co-survivors and the hospital, law enforcement and criminal justice systems of NYC and are often on-call one-two times a month. A recent study conducted by the Alliance found that survivors were more likely to be 'satisfied' or 'very satisfied' with the

# NYC Alliance Against Sexual Assault

care they received at the hospital when a victim advocate was present<sup>6</sup>.

## *Special Victims Division, NYPD*

All police officers of the New York City Police Department (NYPD) receive training on responding to sexual assault cases. Furthermore, specialized services are available through the Special Victims Division. In 1972, the NYPD started the Rape Hotline to respond to cases of sexual violence. A few years later, four of the five boroughs instituted Sex Crimes Units to work on these cases locally. It wasn't until January 2003 that a Special Victims Division was created, centralizing the Sex Crimes Units from each of the boroughs. The detectives in the Special Victims Division receive extra training for handling the investigation of sex crimes and child abuse cases.

Since NYPD officers work directly with victims, it is important for them to have the capacity to understand multiple languages. In March, 2004, the Language Line Program was launched, which equips all police precincts with direct, instant access to language interpreters 24 hours a day. Each precinct stationhouse has special dual-handset telephones with access to interpreters in over 150 different languages. Now non-English speaking victims have more equal access to law enforcement services. According to the Mayor's Office to Combat Domestic Violence<sup>7</sup>, Language Line phones have been used over 1,000 times in over 30 languages including: Arabic, Bengali, Cantonese, Farsi, Greek, Haitian-Creole, Hindi, Japanese, Korean, Mandarin, Punjabi, Russian, Spanish and Urdu.

## *Sex Crimes Units, District Attorney's Office*

Each borough in New York City has a District Attorney's (DA's) office that has the responsibility and authority to investigate and prosecute crimes in that borough. Sexual assaults are among the most under-reported crimes in the United States. The prosecution of such cases is difficult and demands considerable expertise. In 1974, the New York County District Attorney's Office, recognizing the need to dedicate resources and special attention to crimes of sexual violence, became the first prosecutor's office in the nation to establish a sex crimes prosecution unit<sup>8</sup>. A Sex

Crimes Unit now exists in each of the DA's offices in the five boroughs.

In addition to prosecutorial process, members of each of these Units spend a great deal of time training medical personnel about protocols for victim examinations, providing training to police about case investigation techniques, and informing the public about sex crimes<sup>9</sup>. Prosecutors all over the state and country have followed the Sex Crimes Unit model that was started in NYC.



Each of the Sex Crimes Units work closely with the NYPD's Special Victims Division, frequently interacting with detectives from the moment a rape case is reported to the police. Furthermore, DNA technology has revolutionized the investigation of sexual assault cases. DNA identification reduces the need for victims to provide an eyewitness identification of their assailant, easing the court process for the survivor of the crime<sup>10</sup>. In addition, DNA databanking has the potential to solve scores of cases in which investigators were initially unable to identify the rapist. In addition, each of the DA's offices also offers counseling services to survivors of sexual assault both for the initial crisis and through the often difficult components of the criminal justice.

## **Interagency Collaboration**

Despite all these services there still exists the major challenge of ensuring that *all* survivors have access to the best quality care, regardless of where they live, their age, sexual orientation, physical or language abilities or gender. Three current initiatives through the Alliance are addressing this issue:

- **SAFE in the City:** Begun in 2005, this program seeks to bring key stakeholders together to discuss the goal of identifying a strategy to achieve an infrastructure of SAFE programs in NYC that will assure that every sexual assault victim has access to

# NYC Alliance Against Sexual Assault

SAFE services. Citywide stakeholder meetings are held on topics such as staffing, funding and access issues and followed up through working committees.

- **Research to Practice:** This project through the Research Department holds quarterly half day workshops to examine current evidence-based research and its implications for practice in our field. Likewise, this project also aims to include key practitioner voices in research agendas.
- **Criminal Justice Collaboration Project (CJCP):** Started in 2002, CJCP works to bring about interagency collaboration on a citywide level. This committee meets bimonthly to discuss relevant issues and plan a yearly conference around the issue stakeholders identify as their most pressing concern. Care of the adolescent reporting of sexual assault in the acute care setting emerged as that most pressing issue for this last conference which focused on problems with reporting, interviewing the adolescent, therapeutic issues, and minors' rights to confidentiality and its impact on victim services.

## Notes

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Photo by Grufnik

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Photo by JakeDobkin



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