



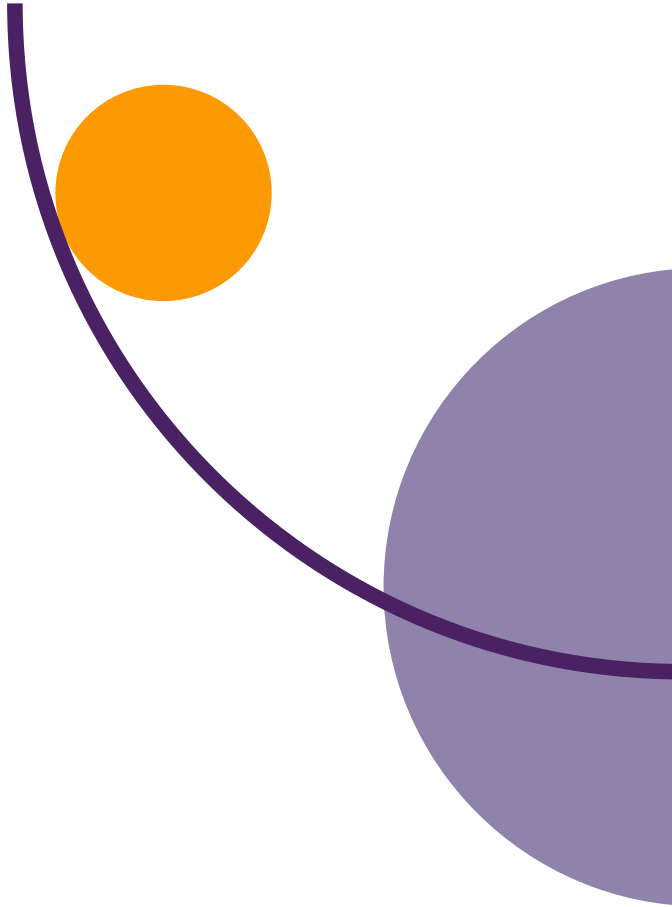
# Specialised Services for Women Affected by Sexual Assault

*Report on Best Practices in Europe*





This material has been produced with the support of UN Women Moldova (United Nations Entity for Gender Equality and Women Empowerment).



## **ABBREVIATIONS**

**CCRSA** – Coordinated Community Response to Sexual Assault

**WHO** – World Health Organization

**SART** – Sexual Assault Response Team

**CC** – Criminal Code

**CPC** – Criminal Procedure Code

**Istanbul Convention** – Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence

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# Introduction



Sexual life and integrity is an indispensable part of human rights, representing an important matter in societal development and its well-being progress. This desideratum shall be clearly articulated in the state policy to effectively prevent and combat sexual offences and rehabilitate the victims of such crimes. The state policy in this area shall ensure a comprehensive approach, taking into account the sensitivity of this topic, the victim's trauma and needs, as well as the social danger posed by the perpetrator. For these reasons, the response to sexual offences shall be coordinated, seconded by maximum interaction and cooperation among professionals of a variety of sectors, called by law to intervene in such cases.

This Report will mirror the Multidisciplinary/Community coordinated response to sexual assault in light of best practices as per the model of Sexual Assault Response Team (SART).

Many experiences/examples of SART implementation in Europe

have been reviewed. The purpose of this exercise was to identify the best model/approach for the Republic of Moldova. Hence, in order to carry out this exercise, five European countries (Malta, Serbia, Spain, Great Britain and Sweden) were selected, which implemented the concept of multidisciplinary coordinated response to sexual offences. The experience and background of selected countries varied to this end. Following a thorough review of models applied by the aforementioned countries, two countries were subsequently picked up, namely Spain and Serbia, as they have relevant experience in the area of coordinated community response to sexual assault, which is relevant for the Republic of Moldova.

Hence, in October – November 2019, study visits were conducted to these two countries, involving Moldovan professionals, representing the Ministry of Health, Labour and Social Protection, Centre of Forensic Medicine, General Prosecutor's Office,

General Division of Criminal Investigation under the General Police Inspectorate, International Centre "LA STRADA", and UN Women Moldova. All these actions were undertaken in partnership with **UN Women** Moldova (the United Nations entity dedicated to gender equality and the empowerment of women), with the support provided by **Sweden**.





# Methodology

This Report is the outcome of an ex-officio research conducted to identify the best practices in the area of coordinated community response to sexual assault. Hence, we reviewed the best practices of the following countries: Great Britain, Malta, Spain, Serbia and Sweden. The review was based on the information available online, obtained through communication with the Secretariat of "Rape Crisis Network Europe" and active organisations from each selected country and relevant professionals, who completed the Study Questionnaire (the List of sampling questions is available in Annex 1. of this Report). Subsequently, Spain and Serbia were selected as having similar features with the Republic of Moldova in terms of sexual

assault topic, and study visits were conducted for the Moldovan delegation, comprising representatives of the Ministry of Health, Labour and Social Protection, Centre of Forensic Medicine, General Prosecutor's Office, General Division of Criminal Investigation under the General Police Inspectorate, International Centre "LA STRADA", and UN Women Moldova. The lessons learned and recommendations were further validated within focus-groups. The conclusions and recommendations were provided to decision-makers to be taken into consideration upon devising a road map for the Republic of Moldova aimed to develop specialised services for people affected by sexual violence.

## What is Coordinated Community Response to Sexual Assault?

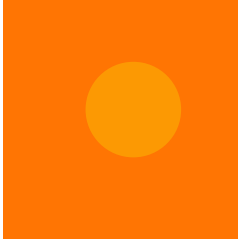
Coordinated community response to sexual assault (CCRSA) requires a multi-disciplinary/cross-sector approach, which is sensitive to victim's needs throughout the justice chain (from the initiation of crim-

inals work as a team, cooperating and coordinating their joint efforts to meet the victim's primary needs. The cross-sector work ensures public health and security, as well as contributes to holding the offenders accountable. This model can be efficiently implemented both nationally and locally.



inal investigation through the rehabilitation of the victim and conviction of the perpetrator). Representatives of law enforcement bodies, specialised NGOs, obstetricians, gynaecologists, forensic doctors (biological and DNA laboratories), social workers and prosecutors are the kernel of CCRSA. These profes-

In general, the CCRSA shall offer victim-centered support focused on their needs, strengthen the process of evidence collection, provided education to the community on the available intervention/assistance services, as well as on educational and prevention programmes. The CCRSA quality is defined manifold through efficient cooperation and communication among the team members. Most Sexual Assault Response Teams acknowledge the need of cross-sector cooperation, hosting systematic

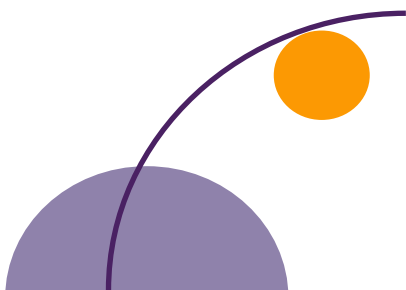


meetings and sharing the resources and expert opinions on a regular basis. Nonetheless, the team members and institutions they represent have their own guidelines and protocols, as well as cross-sector intervention protocols. Such approach enables more agencies to monitor general and institutional effectiveness of cross-sector response to cases of sexual assault, review the CCRSA gaps within the justice chain and pro-actively address the time-sensitive matters.

**The Response Teams** are defined as intervention teams, which send their members (prosecution officers, forensic doctors, gynaecologists, victim's defenders/advisers (with or without legal background),

sometimes prosecutors as well) to provide integrated/coordinated solutions immediately after a sexual offence was committed. The advantage of such teams is that they minimise the number of contacts the victim is supposed to initiate in order to get healthcare, social and quality legal services. As the team members work together on a case, the specific roles and responsibilities of participating agencies are intertwined in the team guidelines and protocols, which lay down the responsibilities based on institutional expert opinion.

Another core matter of the CCRSA is that all participants, regardless of the line institution they work for, have to understand the trauma symptoms.



## Building the trauma-focused professionals' capacity



In order to make sure that victims of sexual offences are informed and supported at each stage of the criminal justice process, it is essential that all professionals representing the agencies involved in such cases are trained to apply appropriate trauma-focused responses and to recognise trauma symptoms in this vulnerable category. When this matter is not properly perceived, it may lead to re-victimisation of victims and, respectively, adversely affect the criminal investigation process. Failure to use the appropriate language, an incorrectly asked question or an inappropriate non-verbal/body language of a police officer, prosecutor or doctor can make the victim feel threatened, incredulous or, even worse, she may ask herself if it was worth reporting the sexual assault incident. Having an appropriate training as qualified professionals (in the area

of sexual violence), the whole multi-disciplinary team can efficiently support the victims by their words and actions. It could be the case to tell the victim something simple, such as: "I would like you to know from the very beginning that I believe in what you say" or "I feel sorry this has happened to you; are you more or less okay?" Or just to acknowledge that the victim had a hard time and appreciate her courage to report the case and come forward for help. Even in situations when there is no sufficient evidence to lodge an accusation against the perpetrator, a trauma-focused approach is important when communicating with the victim, so that the latter feels she is heard, understood, supported, without being discouraged to report such offences. As the criminal case is advancing, it would be appropriate that the prosecutor, lawyer, defender continuously

keep in touch with the victim to make sure she knows and understands what is happening with her case, to see how



she is coping with the situation and whether she has questions. Flexibility, understanding and patience are essential in any of-

fence, involving a victim of sexual assault, while acquiring appropriate training is necessary to tackle the victim's specific concerns and issues with due diligence. This fact would make not only the victims feel they are supported and encouraged to report such offences, but also, inevitably, would contribute to an effective criminal investigation and combat such offences in a more productive manner.



## Early Education and Prevention

Likewise, the Coordinated Community Response to Sexual Assault is essential for the change of community attitude towards the victims and for combating the gender stereotypes. For this purpose, it is paramount to conduct awareness raising campaigns both nationally and locally. The educational programmes for the youth focused on compliance with the personal limits, understanding the expression of consent, assertive communication are absolutely necessary to prevent any type of violence against women and girls. Designing campaigns for a clear target group is also a priority; for instance, the awareness raising campaign dedicated to young people, titled "Do not confuse passion with possession" or

large-scale programmes, such as the UN Women flagship programme titled "Safe cities and safe public spaces for women and girls" (<https://www.unwomen.org/en/digital-library/publications/2019/01/safe-cities-and-safe-public-spaces-international-compendium-of-practices>). Hence, interactive activities for women and girls are organised under these programmes, including creative workshops where it is talked extensively about safety, security, protection, as well as about observing personal limits. Self-defence courses for girls are taught in some countries as a way to prevent violation.



## 1. Specialised Serviced for Victims of Sexual Assault

All countries, which best practices have been reviewed, have specialised services for victims of sexual offences. The organi-



sational set-up of such services is different in Serbia, Malta, Spain and Great Britain, the services being provided by NGOs (Support Centres for Sexual Assault Victims). At the same time, in Spain the communities apply different approaches to this end. Some of them do have specialised services and some do not, depending on the interest and possibilities of local public authorities. In Sweden, for example, there are specialised

services for victims of sexual offences, specialised units both in the healthcare system and in the chain of justice. Also, strong cooperation can be noticed among the prosecutors responsible for such cases and social services. These specialised services/teams are managed by state institutions.

The service arrangements vary depending on the local possibilities and background. For instance, specialised services in Spain depend on the extent to which the local government is sensible to this topic, implying a various development level of those services in different autonomous units. As for Serbia, there are counties, which have several specialised centres for victims of rape (for example, Vojvodina County has three specialised centres for victims of sexual violence, operational and located within Obstetrical and Gynaecology Clinics). The Support Centre of Malta pursues the main goal to ensure a holistic approach to cases centred

on victims' needs. This service is implemented within healthcare facilities under the strict coordination of the Ministry of Family and Social Solidarity.

In Great Britain, there is an array of specialised services for victims of sexual violence, which are operated for more than 40 years. The Rape Crisis Centre (England and Wales) is registered as a charity organisation and works as the umbrella body for a network of independent rape crisis centres across the country. The network supports the activity of local centres and the development of new centres in the areas that lack such services or have insufficient specialised services.

At the same time, many countries have specialised call services (Hot-lines) for the victims of sexual violence, which render psychological counselling, information support and legal advice under confidential and anonymous conditions available 24/24, seven days a week.

These services are provided free-of-charge to callers, being covered from the state budget. In some countries, which have numerous communities of immigrants, these services are available in many languages. In Spain, for instance, the Hot-line service is available in 53 languages, Romanian inclusive, which are the most spread spoken languages in Spain.

## **2. Organising specialised services/responses to sexual assault cases**

The World Health Organization (WHO) recommends the specialised services for victims of sexual violence to be located within the centres for reproductive health, where the service of gynaecologists is available 24/24 and the premises are provided with the appropriate infrastructure for people with disabilities.

The activity of specialised services is governed through national or local laws depending on the organisational and ad-



ministrative type of each country.

The specialised services for victims of sexual offences are available 24/24, seven days a week and, most frequently, are located within the clinics of obstetrics and gynaecology. The victim can go directly to the hospital or to the Police. In the latter case, the police officer who took over the case shall accompany the victim to the corresponding centre. In some countries, these services are managed by NGOs, in others – by public institutions, staffed with well-trained professionals who are ready to handle such cases. Some countries have official specialised trainings to this end, while others rely on conventional specialised trainings.

Hence, the specialised services for victims of sexual offences provide the following types of assistance:

- **medical examination and assistance;**
- **social services;**

- **free-of-charge psychological counselling;**
- **free-of-charge legal advice and assistance.**

Medical examination and assistance include gynaecological examination, forensic assistance, including the collection of samples necessary for the diagnosis of sexually transmitted diseases, possible pregnancy and urgent contraception.

Social services rely on the assessment, carried out by the social worker, of risks emerging after the sexual crime, and of actions targeting the person's security/safety, identification of her needs and organising the victim's accommodation when her return home poses threats on her.



Free-of-charge psychological counselling. Victims of sexual assault have different trauma symptoms and trauma degrees, which may affect their daily life for a long period following the incident. Therefore, it is necessary the victims to benefit from free-of-charge psychological counselling, which would help them overcome the trauma/facilitate healing.

Free-of-charge legal advice and assistance. The victims of sexual violence are entitled to get free-of-charge legal services. This means that the victims can be represented and supported legally throughout the judicial proceedings. If the victims do not want to report the case to Police, the former are entitled further to access these legal services in order to identify their rights as victims of sexual assault.

In fact, victim of sexual offences shall be free to access any available service they would like to get and reject other services they deem as unnecessary.

Specialised services, such as Rape Crisis Centres, are independent community services, which are operated in the light of trauma-focused assistance, gender-based analysis and of setting opportunities to enable/empower the people affected by sexual assault. The Rape Crisis Centres provide specialised counselling, long-term support and defenders for all women and girls of all ages who experienced sexual violence recently and/or in the past. These centres are operated independently from government and the system of criminal justice. The provided services are confidential if the victim does not want to report the case to Police. Should the victim be willing to report the case to Police, a police officer assigned with the task to work also for specialised services for victims of sexual violence shall visit the Centre, get the victim's statements and initiate criminal proceedings.

There is no single entity responsible for sexual offence cases.

As a rule, the healthcare services work closely with social services/specialised NGOs, law enforcement bodies and prosecutors. The latter manage criminal investigation, while Police and services are responsible for collecting evidence and ensuring proper protection to victims.

Within Rape Crisis Centres, one can certify for the first time how two systems of public safeguard services – the social system and the healthcare system – work together. Likewise, it is a good example of service implementation by a women rights NGO with direct engagement of public healthcare and social protection services.

### **3. Professionals Involved in CCRSA**


The CCRSA, particularly in crises, requires the immediate involvement of both profile and forensic doctors. As a rule, in crises, the victims are admitted to healthcare facilities to get the necessary care, psychological counselling and, subsequently,

legal assistance, as needed.

The doctors who provide healthcare to victims of sexual crimes shall be required to attend special trainings on how to work with such victims. The psychologists who provide psy-



chological counselling shall also have appropriate training to this end. In many countries they are employees of specialised NGOs, which are authorised to provide assistance to women and girls affected by sexual violence or domestic violence from their intimate partners. NGOs carry out this work in teams – the case is under the responsibility of a psychologist, a social worker and a lawyer. The team members work with the victim to help/facilitate healing by encouraging and enabling her,



offering her immediate support to overcome the trauma consequences. At the same time, these professionals ensure a holistic approach to the case, having engaged other professionals, as the case may be, as well as strengthening cross-sector cooperation and monitoring the progress on each case.

Forensic doctors shall examine the victims to identify their injuries, as well as other relevant signs, which would help the justice system /law enforcement bodies make an accurate assessment/qualification. In some countries, forensic doctors examine the victims jointly with gynaecologists, and they devise joint reports on findings. Such approach is welcomed as the forensic service employs mostly men, and when a victim requires to be examined by a woman, this request can hardly be fulfilled. From the other side, the joint examination with a gynaecologist ensures not only a more comprehensive examination with the possibili-

ty to choose the gender of the gynaecologist (as this service employs predominantly women), but also to prescribe immediately the treatment when such is needed.

#### **4. Manner and Duration of Monitoring the Cases of Sexual Assault**

The manner and duration of monitoring the cases depend significantly on the victims' needs. In some countries, the needs are described in the Quality Standards of Rape Crisis Centres, while in other countries they are detailed in the sector intervention protocols. There is no one-fits-all recommendation to this end, as they are left upon the discretion of the professional who manages the case, depending on the victim's needs. In some countries the case manager is a Rape Crisis Centre employee or a social worker, if such service is provided by the authorities. In other countries, the case manager is the professional who first got in touch with the victim. Respec-

tively, the case manager could be a police officer, a doctor, a representative of social services or specialised centres. Under these circumstances, each professional shall be guided by his/her sector guidelines.

In some countries (for example, in Serbia), the cross-sector protocol foresees that multi-disciplinary teams/cross-sector workgroups meet regularly at least twice a month or as frequently as required for criminal cases. The multi-disciplinary team comprises a prosecutor, a police officer, a representative of specialised services, and a doctor. The prosecutor shall coordinate the multi-disciplinary team work because all sexual offences are dealt with by the Criminal Code. The prosecutor shall engage in risk assessment and in devising the safety/security programme for the victims of domestic violence and victims of sexual crimes. In Serbia there are 26 cross-sector workgroups, which meet together twice a month, and their meetings are

convened by the prosecutor.

## **5. Cross-sector Cooperation in Sexual Offence Cases**

Cross-sector cooperation in sexual violence cases is regulated in a various way, depending on the country and on the position of central authorities towards this issue. In some countries, Spain, for instance, there are agreements of governing parties (National Pact on Violence Against Women for 2017-2021), by which it has been agreed that violence against women is a priority issue, and all political parties shall undertake the necessary measures to prevent and combat this phenomenon in compliance with the provisions of Istanbul Convention. In other countries, such as Sweden and Serbia, there are special organic laws devoted to the topic of sexual violence. Although Malta has clear provisions to this end in the Criminal Code and the Criminal Procedure Code, cross-institutional cooperation follows a self-governing approach.

At the same time, in most countries, which experience was subject to review, there are sector intervention protocols for sexual violence cases: protocols for the representatives of law enforcement bodies, for doctors and for social services. There are also common cross-sector protocols, which describe the joint interventions of professionals from different sectors, depending on expert's opinion of each sector, as well as on the way of communication and cooperation amongst institutions.

In the countries where no cooperation agreement was signed among different institutions, Na-



tional Public Standards shall apply to support units/Rape Crisis Centres providing services to victims of sexual crimes. Such standards offer a framework

to ensure quality interventions based on safety, prompt and efficient response and improve continuously the services, depending on the victims' needs. These standards can be monitored by a central-level commission, as well as by each responsible authority representing law enforcement bodies, healthcare services and specialised services, with the aim to ensure quick responses to such cases both at the institutional and cross-sector levels.

In the countries where specialised services for victims of sexual violence are implemented by NGOs, there are cooperation agreements concluded between specialised NGOs and gynaecology and obstetrical clinics or general profile hospitals, hosting gynaecology units for a specified timeframe.

## **6. Building Professionals' Capacity to Provide CCRSA**

The education and training of staff in the area of preventing and combating violence against

women and sexual assault is a matter of significant importance. In different countries the quality of education and training is ensured through specialised or conventional training of employees working for law enforcement bodies, Prosecutor's offices, courts, healthcare services and specialised NGOs. Respectively, the curricula content is devised differently – from the topical curriculum, institutionalised in specialised education establishment, to training programmes devised under an array of projects implemented with the support provided by EU foundations and donors.


In some countries, profile NGOs devised training programmes, intended for representatives of law enforcement bodies, healthcare and social services, detailing how to intervene in sexual offence cases. Such programmes were used to train circa 80% of representatives of these sectors.

Likewise, in some countries, certain specialised continuous

education institutions for judges and prosecutors have special curricula devoted to sexual offences, and each prosecutor or judge involved in managing such cases must attend and complete this course.

Profile universities, such as the Criminology and Police Academy or police academies have topical modules or compulsory courses, comprising on average 30-40 hours of training. Respectively, all employees of these subdivisions must attend complete them. Special attention is paid also to trainees' gender, so that law enforcement bodies hire a sufficient number of women to be trained in this area. The training module comprises general concepts about the types of violence against women, trauma symptoms for each type, the legal provisions, methods of victim safeguarding, sanctions applicable to aggressors and rules for investigating such cases.

In some countries, Sweden, for example, sexual education is started early, being part of



school curriculum since 1955. The initial training of university freshmen, who would subsequently work for law enforcement bodies, justice, healthcare services, etc., covers topics on violence against women. Continuous education of professionals in this area is not formalised, being based mostly on institutional needs.

### **7. Financing specialised services intended for victims of sexual crimes**

The financing mechanisms of specialised services intended for victims of sexual crimes vary from one country to another, depending on the political will and national possibilities. Most services are financed out of the local or national budgets (for example, Sweden, Spain, and Great Britain).

Services implemented by Police are financed by the justice system, while healthcare assistance and social services – from the relevant line budgets. There is no budget line specifically intended for victims of sexual

crimes. The Victims of Offences Act comprises clear provisions, which are applicable not just for victims of sexual violence. These laws expressly define the state responsibility to provide free-of-charge rehabilitation services to victims of offences. The NGOs are financed out of local government budgets, as well as by line ministries, such as the Ministry of Health, Social Services and Equality, Women's Institute, as well as via private foundations.

In some countries, such as Serbia, the centres for victims of sexual offences are exclusively financed by donors, international organisations and/or private foundations.

### **8. Prevention – CCRSA Key Component**

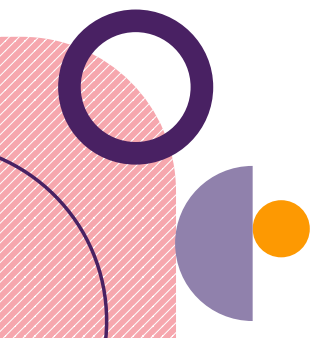
All decision-makers believe that preventing violence against women, sexual assault inclusive, is important and necessary. In compliance with the domestic legal framework of many countries, the prevention work targeting sexual assault cases



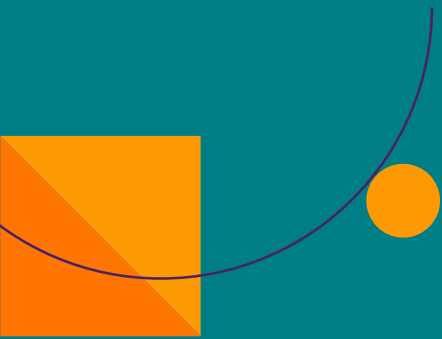
at the local level falls under the responsibility of local structures for gender equality and security, which are supposed to devise prevention programmes in co-operation with other institutions, schools, hospitals and NGOs. These local structures are poorly developed and rarely implement such programmes; therefore, the prevention actions are undertaken mostly by NGOs. Various media campaigns carried out periodically are the main type of state prevention work. Other programmes and prevention events conducted by the state are rare and sporadic. Most prevention programmes are implemented by NGOs. Regrettably, the prevention work is carried out from time to time, depending on the available funding. Most often, the prevention campaigns are driven by pro-active NGOs.

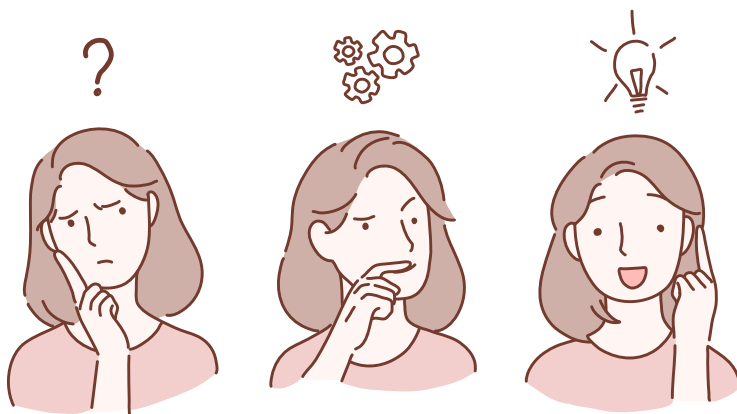
The former are conducted in a dissimilar way in different countries, and may take the form of workshops, training schools for different target groups, age categories and employment status.

The prevention programmes are geared towards different age categories, targeting both the girls and the boys. There are also programmes intended for parents, guiding them how to discuss the gender equality topic with their children, how to break the stereotypes about sexual violence. Likewise, awareness raising campaigns are conducted targeting community members and professional groups.



# CONCLUSIONS





1. The reviewed international practices corroborate the importance of specialised services for the victims of sexual violence. Such fact has been ascertained both in the countries that have ratified the Istanbul Convention and in those that have not yet.
2. All countries have support services intended for victims/survivors of sexual assault. These can be integrated in specialised services for victims of violence against women, domestic violence or in specialised support services for victims of sexual offences. Some countries have also online counselling.
3. The response to sexual offence cases is comprehensive, centred on trauma and victims' needs, and implies cooperation among different professionals. Most of these professionals represent specialised NGOs, law enforcement agencies (police officers and prosecutors in some countries), healthcare services (doctors, forensic doctors, and nurses), and social services (social workers and psychologists). In some countries, cooperation is formalised through approved

national standards (for example, in Great Britain) or through sector protocols. In other countries cooperation is not formalised, being self-governed.

4. The example of Serbia, where prosecutors take the lead of multi-disciplinary teams and ensure their smooth operation, is worthy for inspiration and could be considered in the context of the Republic of Moldova. The engagement of prosecutors in activities aimed to prevent offences has sustainable social impact.
5. In most cases, specialised services for victims of sexual offences are provided by independent organisations (NGOs) or are integrated in the health system.
6. Most countries, which experience has been reviewed, have capacity building programmes for professional groups, which are carried out by NGOs under certain projects or upon request, as well as programmes institutionalised by universities and programmes for continuing professional education. Some countries have also international training programmes (for professionals outside the country), which are provided additional payment.
7. The support services for victims/survivors of sexual assault are financed by national or local budgets, as well as by projects /assistance provided by private foundations and donations.
8. In most countries CCRSA does not include directly organisations working with perpetrators/aggressors. Such services are provided, being part of the justice response to sexual offences and fall within the scope of probation services.






***Recommendations  
for the Republic  
of Moldova***





1. Develop specialised services for victims of sexual offences, centred on victims' needs and on trauma in compliance with relevant international standards. These services shall include a national toll-free line, healthcare services, free-of-charge psychological counselling and legal assistance.
2. Adjust the national legal framework so that the victims of sexual violence could enjoy the same rights as the victims of domestic violence, without discrimination. Revise and amend the Law on the rehabilitation of victims of crime (Law No. 137) so that the victims of sexual violence also get information support, psychological, healthcare and legal assistance, free-of-charge, and have access to the state compensation fund.
3. Develop a viable mechanism for the implementation of Law No. 137 on the rehabilitation of victims of crime, in correlation with the new Concept of the National Referral Mechanism for victims of crime.
4. Pass the bill amending the Criminal Code and the Criminal Procedure Code, the chapter on sexual offences in compliance with international standards, and add the definition of "female genital mutilation".
5. Develop guidelines by the Superior Council of the Magistracy and by the Superior Council of Prosecutors concerning the removal of technical gaps, allowing to hearing the juveniles in compliance with Article 110<sub>1</sub> of the Criminal Procedure Code on reasonable terms.
6. Develop sector guidelines



for police officers, healthcare and social services, containing appropriate response to sexual crimes. A first step in this regard would be a circular letter issued by the Head of the General Police Inspectorate concerning the responsibility of Police Officers to accompany the victims of sexual assault to specialised services, especially to healthcare and forensic services, which would ensure victims' better protection. The participation of prosecutors in the meetings of multi-disciplinary teams and even taking the lead of such teams on sexual and domestic violence cases is also a welcomed practice and could be piloted in the Republic of Moldova.

7. Develop single cross-sector cooperation guidelines (for prosecutors and criminal investigation officers) for sexual crime; thus, having ensured standardised practice.
8. Amend the joint written Order of the Ministry of Health (MoH) and Ministry of Interior (Mol) No. 369/145 dated 20.05.2016 on improving the joint activity of MoH and Mol, paragraph 2 (2) and exclude the word combination "moderate or severe".
9. Establish a single electronic database referring to the cases of domestic violence, sexual violence and other types of violence against women.
10. Include healthcare services for the victims of sexual violence and domestic violence in the Single Healthcare Programme as services intended for socially conditioned diseases.
11. Establish Centres for victims of sexual assault under district hospitals, Emergency Medicine Institute (potentially Municipal Clinic Hospital No. 1) and the Institute of Mother and Child to provide multi-disciplinary assistance.

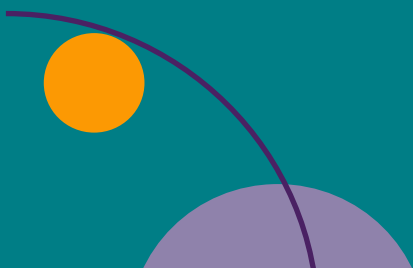


12. Consider the possibility to use the Inter-ministerial Coordinating Council in the area of preventing and combating domestic violence as a platform to discuss the cases of domestic violence and sexual violence with the aim to consider the response of public institutions to every single case of domestic and sexual violence.
13. Develop educational (capacity building) programmes for different professional groups (representatives of law enforcement bodies, doctors, nurses) on the response to sexual offence cases and their institutionalisation for both primary and continuing education of professionals.
14. Conduct awareness raising campaigns for general public and for specific age categories to dispel the prejudices and stereotypes about sexual violence.
15. Allocate financial resources out of the state budget to be spent for joint cross-sector prevention activities.
16. Develop empowerment programmes for women and girls as a form of preventing violence against women and girls.
17. Establish offender DNA databases for better record-keeping with the aim to prevent recidivism.





# ANNEXES



# Annex 1

## ***Questionnaire to assess the best practices in the area of specialised services for women and girls affected by sexual violence***

In general, the Coordinated Community Response to Sexual Assault (CCRSA) refers primarily to ensuring the rights of victims of sexual crimes, commitment and devotion to the needs of affected people, strengthening and improving the collection of evidence necessary for efficient investigation of cases and education of the whole community in order to prevent sexual assault and raise awareness concerning the available specialised intervention services.

1. In your country, do you have specialised services for people affected by sexual assault?
2. How is the response to sexual assault cases organised in your country?
3. What professionals are engaged in the intervention team

/ CCRSA mechanism?

4. How CCRSA is organised (cooperation agreements in place, multi-disciplinary/cross-sector regulations, standard operating procedures (SOPs) for each sector (police, healthcare, forensic medicine, social services)?
5. Who coordinates the professionals' capacity building and organised the training for CCRSA professionals?
6. How is CCRSA organised at the institutional level (the service coordinator relies on the platform of healthcare facilities, specialised NGOs or law enforcement bodies)? Do the centres implementing CCRSA have all services available under the same roof?
7. How are such services/ CCR-



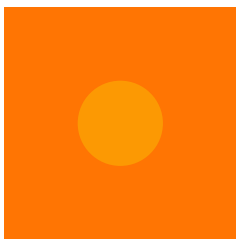


SA model financed?

8. Who monitors the victim/person affected by sexual violence and for how long?

9. Does the CCRSA include also organisations/institutions/professionals who work with the perpetrators/sentenced people?

10. Who coordinates/implements the sexual assault prevention programmes at the community level?

11. Has your country ratified the Istanbul Convention? How did this fact influence the development and diversification of services intended for people affected by sexual violence?



## Anexa 2

### ***Detailed information about the Study Visit to Spain***

#### **Objectives of Study Visit to Spain during the Study Visit to Spain:**

The core objectives of the Moldovan delegation during the Study Visit to Spain:

- get acquainted with the experience of professionals working for the key Spanish institutions in terms of SART model – historical and social preconditions, the impact of distinct policy targeting sexual crimes, lessons learned in the process of policy-making, developing mechanisms and services in this area;
- learn the Spanish experience in setting the sector and cross-sector cooperation mechanism aimed to prevent and eliminate sexual violence (how the response to sexual crime is organised, members of the community intervention team, cooperation agreement in place, guidelines /regulations

for each sector or cross-sector regarding the intervention in sexual offence cases);

- identify the best Spanish practices applicable for the Republic of Moldova, which could be absorbed by the professionals in charge for sexual offence cases;
- get acquainted with Spanish experience in ratifying the Istanbul Convention and the used advocacy methods;
- develop a roadmap by Moldovan delegation participants for implementing the best practices learned in Spain.

#### **Meetings with key personnel**

##### **1. Government of Spain**

**1.1.** Ministry of Presidency, Relations with the Courts and Equality (Ministerio de Presidencia, Relaciones con las Cortes e Igualdad). Government Delegate for Gender-based Violence (Delegación del Gobierno para la Violencia de Género).

- Ms. Rebeca Palomo Díaz, Government Delegate for Gender-based Violence (GBV), Ministry of Presidency, Relations with the Courts and Equality.
- Ms. Pilar Vilaplana, Senior Advisor to the Government Delegate for GBV: Public policy and the role of Government Delegate for GBV as a national mechanism for preventing/combating gender-based violence and violence against women.
- Ms. Miriam Benterrak Ayensa, Division of Trafficking in women and girls for sexual exploitation purposes.
- Elena Sirvent García del Valle, Technical Advisor of the General Sub-Director-

ate for awareness-raising, prevention and knowledge of gender violence ("Study on social perception of sexual violence").

**1.2.** Ministry of Justice. General Council of the Judiciary. Observatory against Domestic and Gender-based Violence.

- Ms. Carmen Delgado Echevarría, Head of the Gender Equality and Violence Division, Advisor of the General Council of the Judiciary.
- Mr. Jesús Gallego Fernández-Pacheco, Head of Equality Division, General Council of the Judiciary.

**1.3.** Ministry of Justice. Prosecutor's Office specialised on Violence against Women.

- Ms. María Jesús Cañadas Lorenzo, Prosecutor assigned to Violence against Women (VAW).
- Ms. Ana María Galdeano Santamaría, Prosecutor as-

signed to VAW.

**1.4.** Ministry of Interior. National Police. Specialised women and family protection unit/Family and Women's Unit (UFAM)

- Ms. Irene Niño, Head of the Central Office, Superior Police Corps of Madrid.
- Ms. Carmen Pavón, UFAM (central level).

## **2. Autonomous Community of Madrid (Regional Government of Madrid)**

**2.1.** Directorate General for Equality, Social Policy, Family and Birth Rate.

**Ms. M<sup>a</sup> Carmen Rodríguez** García, General Director.

**Ms. Arancha García-Hoz Jiménez**, Deputy Director, Unit of Assistance to victims of gender-based violence.

**Mr. Luis Pérez Rodríguez**, Head of Division, Intervention against gender-based violence.

**2.2.** Centre for Comprehensive Attention to Women Victims of

Sexual Violence (CIMASCAM)

**Ms. Yolanda Trigueros**, CIMASCAM Coordinator and Psychologist.

**Ms. Ana Valmada/ Ms. Yasmina Soler**, Social Workers.

**Ms. Ana Soto**, Lawyer.


**2.3.** General Directorate for Public Health. Community of Madrid (Health Care Protocol for cases of sexual and gender-based violence – SGBV).

**Ms. Julia Domínguez Bidagor**, Head of Health Promotion Service. General Sub-directorate for Prevention, Promotion and Health Education (General Directorate of Public Health).

**Mr. Emilio Donat Laporta**, Director of Forensic Medical Clinic, the Community of Madrid.

Members of the Workgroup responsible for devising the Health Care Protocol for domestic and gender-based violence:

**Mr. Juan Carlos** Tithing Servant, Health Promotion Service.



**Msr. María Luisa Lasheras Lozano**, Health Promotion Service. Member of the Technical Committee on Health Actions against Gender-based Violence.

**Mr. José Jonay** Quality, Coordinator, University Hospital La Paz (Health Sector).

**Msr. Marisa Pires**, Health Promotion Service. Secretary of the Technical Committee on Health Actions against Gender-based Violence.

**Msr. Cristina Fernández García**, Resident Physician of Preventive Medicine and Public Health (participant in the preparation of the Protocol).

### **3. Local Government, Madrid**

**3.1.** Area: Family, Equality and Social Welfare.

**Ms. Carmen Martínez**, General Director for Prevention and Attention to Gender-based Violence, Equality and Diversity.

**Mr. Vicente Manuel González Camacho**, Deputy Director for Prevention and Attention to

Gender-based Violence.

**Ms. Ana Fernández Izquierdo**, Deputy Director for Family, Work Balance and Institutional Cooperation for Equality.

**Ms. Julia Herce Mendoza**, Head of Research and Awareness-raising Unit.

**Ms. Manuela García-Casarrubios Marcos de León**, Head of the Unit Attention to Other Types of Violence.

**Ms. Mercedes Portero Cobeña**, Head of the Unit Attention to Violence from the current/former intimate partner.

**Ms. Purificación Barreiros**, Global Initiative for Safe Cities and Safe Public Spaces, Madrid.

**3.2.** Municipal (local) Police of Madrid

**Ms. Marta Fernández**, Head of specialised Unit Protection for women and minors. Police Corps of Madrid City.

**4. Civil Society: Federation of Associations for Assistance**



## to Victims of Sexual and Gender-based Violence (FAMUVI)

*Ms. Mariti Pereira*, FAMUVI Member. Best working practices with adolescents, victims of sexual assault. Centre in Madrid.

### Study Visit Outcomes

The International Center "LA STRADA", in partnership with UN Women Moldova, organised a study visit to Spain for 11 Moldovan delegates during November 3-8, 2019, with the support provided by the Embassy of Sweden. This study visit (November 4-7, 2019) consisted of more than ten meetings with Spanish authorities involved in the prevention and protection of victims of gender-based and sexual violence.

The Moldovan delegation (composed of representatives of General Prosecutor's Office, General Division of Criminal Investigation within the General Police Inspectorate, Ministry of Health, Labour and Social Protection, Forensic Medical Centre, UN Women Moldova and

International Centre "LA STRADA"):

- acquired a deeper insight into the Spanish practice and experience;
- obtained first-hand information from the Spanish partners, which would enhance the knowledge and capacities of Moldovan counterparts to further develop and pilot a sexual assault response team (SART) model in order to efficiently prevent and respond to sexual violence cases.

The Spanish response to sexual violence cases is mirrored through a case study on the basis of a practical prospect.

### Case Study

When a woman is subjected to rape or sexual assault, and she chooses to report the crime, she must do it without delay, so that no biological evidence is destroyed (DNA, clothes, toothbrushes, texts, etc.).

That woman can report directly to the police either by dialling




the emergency phone number 112 or in person (at a police station). Spain has two different national level law enforcement forces: the Spanish National Police (Cuerpo Nacional de Policía) and the Civil Guard (Guardia Civil). In addition, there are three regional police forces (Policía Foral in Navarra, Ertzainta in the Basque Country, Mossos d'Esquadra in Catalonia); there is also the "Policía Local" (local police) and the "Policia Municipal" (municipal police), but they are not able to take police reports or investigate crimes; however, they can safeguard the victims off such offences.

There are 173 UFAM Centres within the Spanish National Police, scattered throughout Spain specialized in assisting the victims of rape and sexual violence (Unidades de la Familia y la Mujer – UFAM). The UFAM in Madrid is open 24/24, seven days a week. Reports from other police stations are usually sent to UFAM Centre of Madrid. The Civil Guard also has specialized

units called EMUME (Equipo Mujer-Menor), which provide assistance to victims and juveniles.

When a woman decides to report the incident, the police shall step in. At the police station, the staff shall interview the person in a quiet and private room. Following the statement made, the woman should be provided with a copy of police report (denuncia or atestado in Spanish). In compliance with Law 4/2015 on the Status of Victims of Crime (Ley 4/2015 del Estatuto de la Víctima del delito), the victim shall be provided with information on her rights as a victim of violence and/or sexual crime, and a copy of the statement is sent immediately to the appropriate court on duty, where a judge and a prosecutor shall review the information sent.

The police shall take clothes and other items as proof of the committed offence and convey them to a forensic doctor to be considered/investigated. Upon need, the victim can be brought



to the scene of the crime to offer more relevant details.

### **Court Proceedings**

After making the statement, the victim may be asked to go to court to endorse her statement in front of a judge and a prosecutor. Subsequently, she may be asked to go to court during the following days to reconfirm her statement at a later date. At the court or police station, the victim shall neither meet nor speak or make statements in the presence of the perpetrator/suspect of sexual crime.

At the time of endorsing her statement, she shall receive again information on her rights and, in particular, the right to appoint a lawyer to represent her or to have a state-appointed lawyer to act on her behalf. Likewise, she shall be informed of the right to apply for free legal assistance and financial aid to cover the incurred costs, such as the cost of treatment for psychological and physical injuries.

The victim shall be also entitled


to be notified by the court on the progress of her case.

In Spain, the investigating judge (Juez de Instrucción) is the person in charge of the case and its investigation, as well as the holder of information on the court case. All requests for case updates shall be directed to the court. Throughout investigation, the court may ask the victim to provide a new statement.

If she decides to drop the charges, the prosecutor may take the decision to continue the case investigation if it is in the public interest. For instance, if the suspect is being prosecuted for a series of crimes against other people, in addition to the investigated case, it may be in the public interest to continue the investigation and prosecute the person concerned.

### **Trial Proceedings**

The judicial procedures in Spain could be particularly long, especially if the perpetrator is not immediately identifiable and/or arrested. An investigating judge



is in charge for leading the investigation of sexual offence. At the end of the criminal investigation (CI) phase when all the necessary reports and statements are completed, the judge in charge for CI and the state prosecutor shall decide whether there is another evidence for the case pending before the court. Thus, the case shall be passed to a court to be considered by a panel of three judges and a state prosecutor. The victim shall be notified by the Spanish authorities of the trial date. In the trial, the victim should be accompanied by her lawyer, either private or appointed by the state.

If the perpetrator is convicted, he has right of appeal against the length of the sentence. It could take months to consider that appeal. The offender may be ordered to pay an indemnity to the victim once he has been convicted and the sentence is irrevocable, i.e. with no right of appeal. The indemnity amount shall be disclosed in the court judgment. The indemnity or a


request of such made by court shall be separate from the victim's right to demand state financial aid to cover the incurred costs.

## **Sentencing**

The sentences in Spain are ruled by the principle of rehabilitation. The sentenced persons are encouraged to join voluntarily the rehabilitation programmes in the prison, which entail certain privileges.

Sexual offences are generally punishable with a prison sentence, and its duration depends on the offence classification (sexual assault, rape, harassment, etc.).

If the alleged perpetrator is not guilty, no criminal charges shall apply. Nonetheless, during the CI phase, if the perpetrator is not detained or arrested, certain provisional measures can apply, such as a restraining order.



## Hiring a Lawyer

A private lawyer shall represent the victim's interests in front of the court, being able to present a private charge concurrently with the state prosecutor. A lawyer should be able to access any pre-trial information held by the court, including the statements provided by the suspect. In Spain, the appointment of an ex-officio lawyer and the access to legal assistance granted by the state is means-tested and depends on the victim's income. The juveniles (i.e. people under the age of 18) make an exception from this rule as they are automatically entitled to legal assistance granted by the state.

## NGOs

Some NGOs or organisations funded by local governments, such as CIMASCAM in Madrid or CAVAS (FAMUVI), may provide free legal assistance. CIMASCAM is a specialized centre for victims of sexual violence established by Madrid community in 2009. It is a non-res-

idential centre for adult victims 18+years, women affected by all forms of violence, regardless of how much time passed after the incident. The assistance is not conditioned by the case reporting to Police. It is an open type Centre providing information, counselling, psychological, legal and social support.

## Medical Examination – expectations

In most Spanish regions there is a special public hospital with specific facilities for victims of rape and sexual assault. In Madrid there is only one such entity (Hospital Universitario La Paz). Nevertheless, following the recent approval of the new Protocol, there would be seven such hospitals. (Depending on where the victim is located in Spain, some public and private hospitals may refuse providing care if they suspect a case of rape or sexual assault, and they may ask the victim to go to the designated public hospital in that area.)

If the victim of sexual crime has not received yet medical assistance and forensic tests prior to reporting the case to Police, the latter shall take the victim to the public hospital from that area designated/specialised for victims of sexual offences to get medical assistance and be subject to forensic tests, and prepare the forensic expert opinion report to be used as evidence in court.


Likewise, the victim may get care at other private/public hospitals/medical centres. Should the victim require having forensic tests carried out to be used as evidence in court, she has to go to the designated public hospital, being issued a Police report to this end. This is the case for Madrid (Hospital Universitario La Paz) where the victims of sexual offences need a police report (this would be no longer the case after the implementation of the new Protocol).

The sooner the forensic examination takes place, the more

chances to collect important evidence that might be required. The examination shall be carried out by a forensic doctor or a nurse and a gynaecologist and may include a Pap-test, blood and urine tests. A report shall be devised describing all the injuries. The results and samples taken during examination at the hospital plus the clothes she was wearing are taken by the Police to its Criminalistic Examination Laboratory, including the perpetrator's DNA identification, if possible.

In Spain, the suspect's refusal to allow for biological samples to be taken is qualified as offence.

There is a National Commission for Equality in charge for policy development, as well as for coordinating all governmental actions aimed to prevent and combat violence against women. Since 2012, the Commission competences cover trafficking in human beings for sexual exploitation purposes. The intention of Spanish authorities to



carry out surveys aimed to learn more about sexual assault and seek the society opinion (toleration, justification of sexual assault, acceptance level of violence) is laudable. The survey outcomes concerning the society perception are useful for devising public policy to fight sexual violence.


The Criminal Code was amended in 2015 in line with the Istanbul Convention. Inter alia, those amendments and addenda qualify is offences sexual intercourse without consent.

Political parties signed a State Pact to Eliminate Violence Against Women for 2017-2021, which specifies that violence against women is a high priority for the country, and all political parties should act in compliance with the provisions of the Istanbul Convention. Hence, the amount of EUR 1,000,000 is allocated from the state budget on a yearly basis to prevent and combat violence against women.

As per the aforementioned Pact, sectoral and cross-sector protocols have been developed. Specialised Hot-line services are available 24/24, seven days a week, and include counselling and referrals to specialised services, comprising several specialised help line services for victims of sexual violence. The counselling by phone is provided in 53 languages to respond to numerous communities of immigrants.

The health promotion service developed and currently is monitoring the implementation of the protocol for medical staff, i.e. how they respond to sexual violence cases. The Protocol core objective is to address sexual violence in the light of healthcare issues. Over the years, a special guidance was developed for primary and hospital care, as well as a sanitary protocol on sexual violence cases.

A new protocol on multi-sectoral response to cases of sexual violence has been recently



piloted and is to be approved soon (VISEM model recommended by WHO 2017). The guiding principles of the protocol are as follows:

- **general information about sexual violence;**
- **sexual violence is a violation of human rights;**
- **cross-sector approach;**
- **multi-sectoral approach;**
- **victim-focused approach.**

The first Rape Crisis Center for victims of sexual violence will be opened in Madrid, under the Directorate for Prevention and Attention to Gender-based Violence, as of December 2019. The Centre services will be available 24/24.

Under the Directorate for Prevention and Attention to Gender-based Violence, it is envisaged to implement the following activities: Defence school, Support groups, Network of spaces for equality, Safe

cities for women and girls (UN global programme).

More details/materials about the Spanish model of response to cases of sexual violence are available in the PPP attached to this Report.

### **Other comments**

All participants in the Study Visit were impressed by the Spanish model and thought that Madrid experience in organising the response to cases of sexual violence could be valid for and applicable to the Republic of Moldova.

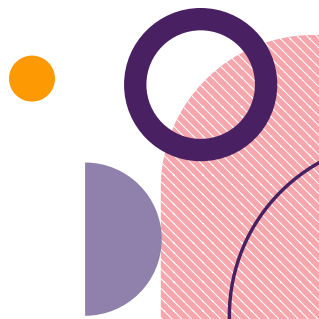
It would be useful to manage the translation and analysis of protocols (multi- and cross-sector), including the State Pact with the purpose to improve the guidelines and regulations for Police, prosecutors, healthcare staff, forensic experts, etc. in the Republic of Moldova.

Also, the relevant Moldovan authorities should consider the opportunity to develop a platform for victims of sexual vio-

lence under the healthcare facilities.

The victims of sexual assault should be examined by a gynaecologist and a forensic doctor; hence a special protocol should be developed to this end.

The array of specialised services for victims of sexual violence in Spain is a model to be considered and applied by the Moldovan authorities.





## **Annex 3**

### ***Detailed information about the Study Visit to Serbia***

#### **Objectives of Study Visit to Serbia**

- Get acquainted with the experience of professionals working for key Serbian institutions in terms of SART model – historical and social preconditions, impact of policy related to sexual violence, lessons learned in the process of policy-making, mechanisms and services developed in this area;
  - Review the Serbian experience in establishing sectoral and cross-sector mechanisms to prevent and eliminate sexual violence (how to respond to cases of sexual violence, the SART members, cooperation agreements, guidelines in place, regulations for each sector or cross-sector on the intervention in sexual violence cases);
  - Exchange experience on capacity building programmes for relevant professionals (how the training is provided, what institution is in charge, who coordinates the training of professionals – members of SART);
  - Identify the Serbian best practices applicable for the Republic of Moldova, which can be absorbed by the professionals in charge for a better response to sexual violence;
  - Get acquainted with the Serbian experience in terms of ratification of the Istanbul Convention and the applied advocacy methods;
  - Develop a roadmap, by the Moldovan participants, to implement the good practices learned in Serbia.
- Meetings with key personnel**
- JJelena Kotević***, Commissioner for Equality Protection.
- Mrs. Jovana Stanar and Mr.***

**Bogdan Banjac**, independent advisers, Commissioner for Equality Protection.

**Ljiljana Loncar**, Coordination body of GE.

**Jasmina Kiurski**, Deputy Public Prosecutor.

**Tamara Mirovic**, Deputy Public Prosecutor.

**Gorjana Micic Culakovic**, Public Prosecutor, Ministry of Justice.

**Zlatko Pantelic**, General Police Inspectorate, Ministry of Interior.

**Danijela Urosevic**, Assistant for European Integrations and International Cooperation, Ministry of Health.

**Asst. Dr. Sasa Markovic**, Head of Training Centre for Police Officers, Ministry of Interior, and for law enforcement to prevent domestic violence, University of Criminal Investigation and Police Studies.

**Dr. Danijela Spasić**, Professor, University of Criminal Investigation and Police Studies.

**Prof. Dane Subošić**, PhD, Rector of the University of Criminal Investigation and Police Studies.

**Dr. Snezana Bojanic**, Deputy of the Local Secretariat for Health, Vojvodina County, Novi Sad.

**Biljana Delic**, Head of the Planning and Development Department, Local Secretariat for Health, Vojvodina County, Novi Sad.

**Palimir Tot**, Deputy of Vojvodina County Secretariat for Social, Demographical and Gender Equality Policy, Novi Sad.

**Milka Budakov**, Deputy of Vojvodina County Secretariat for Social, Demographical and Gender Equality Policy.

**Prof. dr. Dr. Djordje Petrovic**, Gynaecologist, Obstetrician, Deputy Director of the Clinic of Gynaecology and Obstetrics.

**Assist. Stevan Milatovic**, MD, PhD, Gynaecologist, Obstetrician, Expert in the area of Fertility and Sterility.

**Ksenija Kričković Pele**, social

worker.

**Mirjana Stolic Jovancevic**, nurse, Department of General and Emergency Gynaecology.

**Dr. Dusan Vapa**, Director, Forensic, Toxicology and Molecular Genetics Centre of Vojvodina County.

**Danica Todorov**, Coordinator of Centres for Victims of Sexual Violence.

**Milorad Susnjic**, Head of Police Inspectorate, Novi Sad.


### **Study visit outcomes**

The International Centre "La Strada", in partnership with UN Women Moldova, organised a study visit to Serbia during October 21-25, 2019, supported by the Embassy of Sweden. The highest Serbian officials were involved in the exchange of experience, as well as representatives of local authorities, Vojvodina Autonomous County, which are relevant for the prevention and combating gender-based violence.

Serbia ratified the Istanbul Convention on 30 October 2013. In 2016, it passed the Law on preventing and combating domestic violence, which was enacted on June 1, 2017. The Law stipulates the responsibilities of authorities and of organisations in charge for ensuring effective prevention, safeguarding and assistance measures for victims. Such measures shall be undertaken urgently, promptly and efficiently. The Law is applicable to all forms of domestic violence and to other forms of gender-based violence, as covered by the Istanbul Convention. The Criminal Code was amended in 2016 to acknowledge the cases of stalking; forced marriage; women genital mutilation and sexual harassment as offences.

Over the years, Serbia developed a number of general and sector-related protocols, the most relevant being as follows:

The General Protocol for action and cooperation of institutions and entities in domestic and



intimate partner violence (2011) is the foundation of multi-sectoral approach and coordinated action of authorities and institutions for gender-based violence cases. This Protocol establishes a single comprehensive system to provide support and protection to women survivors of different types of violence, offering guidelines to professionals in terms of specific actions in gender-based violence cases, qualifying this phenomenon as a violation of human rights and discrimination against women.

The Special Protocol of the Ministry of Labour and Social Policy (2013) defines the in-house procedures implemented by Centres for social welfare with the aim to immediately curb violence, prevent its repetition, ensure victims' safety, and meet their basic living needs, as well as to encourage the victims and allow them to take responsibility, with or without support, for the quality of their own violence-free life. This Protocol also governs the establishment

of teams within Centres for social welfare, and defines their coordinating role at the local level. In the Coordinator position, the Centres shall intervene when victims' protection is required, having involved other local decision-makers, with the aim to provide all kinds of assistance and support needed by victims.

The Special Protocol of the Ministry of Interior (2013) regulates the actions of police officers in domestic violence cases as soon as they are notified, with the aim to safeguard the victim. It also standardises the training of police officers who act in gender-based violence cases, victims' referral to protection and assistance system. It also defines the cooperation mechanism with other competent institutions, regulates the Protocol implementation and monitoring, and foresees the manner of records keeping on gender-based violence cases.

The Special Protocol of the Ministry of Health (2010) is intended





for healthcare staff of all levels. It defines the procedures and roles of healthcare professionals in cases of domestic violence against women, as well as the prevention activities and interventions they shall undertake in order to properly respond to cases of violence against women. Trainings on Protocol implementation were carried out for healthcare staff.

The Special Protocol for the Judiciary (2014) governs the conduct of courts and public prosecutors in cases of domestic violence, having observed the independence of the judiciary and the legislation. It is mandatory for the judicial authorities to act with "special regard" in cases of domestic violence. It also defines the obligation of judicial authorities to raise awareness and train all judicial officials on domestic violence issues, through cooperation with other stakeholders in charge for protection, and trainings organised by the Judicial Academy. Furthermore, the Protocol lays

down the obligation of courts to keep statistical records on cases of domestic violence, as well as to issue guidelines for the relevant professionals, with the purpose to provide them with basic knowledge about violence against women in family and intimate partner relationships.

Following the Istanbul Convention ratification, other strategic documents were developed, including the ***National Strategy for Gender Equality 2016-2023 and the Action Plan 2016-2018*** for its implementation. At the local level, a Programme for women protection against domestic violence, intimate partner violence and other gender-based violence was developed for 2015-2020. This is the first document developed by the authorities of Vojvodina Autonomous County in line with the Istanbul Convention.

Following the adoption of the Law on Preventing and Combating Domestic Violence, the Serbian Government created the




Council for Preventing Domestic Violence, which is empowered to monitor the implementation of this Law and improve the coordination and effectiveness of prevention and protection measures against all forms of violence against women, covered by the Law. The Council comprises nine members who are representatives of line ministries and other state institutions working in this area. The Minister of Justice representative is the Council Chairperson, while the Minister of Interior representative is the Council Deputy. The Council collects and analyses data on domestic violence and other acts of gender-based violence, and monitors the actions undertaken in such cases. It also proposes measures to improve the work of institutions in order to identify and prevent violence, and to provide assistance and support to victims of gender-based violence. The Council informs the public about its findings and recommendations proposed to this end. The Ministry of Justice provides the Coun-

cil with expert, administrative and technical support.

Following the adoption of the Law on Preventing and Combating Domestic Violence, coordination and cooperation groups were created in all prosecutor's offices. The group members, their work approach and other matters related to them are governed by special Rules of Procedure (2016), while the rights and obligations of competent authorities and the manner of cooperation are defined by the Handbook on Cooperation. Police officers who completed specialised training on how to deal with cases of violence against women are appointed in each Police Inspectorate; each prosecutor's office has a deputy prosecutor who completed the specialised training to perform the tasks related to prevention of domestic violence and criminal investigation of perpetrators in gender-based violence cases. In Serbia female police officers specialised in combating domestic violence make up





1/3 of the troops, and there is an on-going trend to specialise female police officers in this area. In general, the courts also have judges who completed specialised training programmes in compliance with the Law on Preventing and Combating Domestic Violence. In each Centre for social welfare, its head appoints an expert team selected among the employees to assist in preventing domestic violence, and provide support to victims. There are appointed liaison officers in all entities mentioned above who exchange important information and data for preventing and combating violence against women, as well as for detection, prosecution and trial of perpetrators and providing support and protection to victims.

The Serbian Prosecutor General issued binding guidelines (2015), according to which all prosecutor's offices in Serbia have to appoint a prosecutor (as focal point) in charge for monitoring the criminal cases and

cooperation with other competent institutions and authorities in relation to sexual and domestic offences. Likewise, another guidance was issued (2015), governing the process of recordkeeping on domestic and sexual offences. Such records must contain data about the perpetrator, victim, offence, the undertaken measures and the decisions issued by prosecutors and courts, whereas for offences inciting to hatred it is required to state the reason behind the crime.

In order to raise effectiveness and achieve uniformity in the work of prosecutors aimed to implement the Law on Preventing and Combating Domestic Violence, the Republic Prosecutor issued a general binding guidance on setting Coordination and Cooperation Groups and the ways of data collection and submission concerning the Law implementation (2017).

According to the Law on Preventing and Combating Domestic Violence, the duties of

Serbian prosecutors have been amended as follows:

- **the prosecutor's role has been switched from repression to prevention;**
- **measures to prevent violence and protect the victim of violence have been defined.**

The prosecutor shall involve a lawyer in the process to assist the victim of violence, the provided legal support being unconditionally free-of-charge. Each month, territorial prosecutor's offices shall submit reports on violence crimes to the Serbian General Prosecutor's Office.

The Ministry of Labour and Social Protection issued the Guidance regarding the Duties of Centres for Social Welfare in terms of implementation of the Law on Preventing and Combating Domestic Violence.

The Ministry of Interior devised a Risk Assessment Kit for cases of domestic violence, which contains a risk checklist. A

Workgroup for Eliminating Violence against Women was established within the Ministry of Interior, which work should, inter alia, contribute to establishing stronger cooperation between the Ministry and the specialised NGOs for women, which provide services to women survivors of violence.

In cooperation with the NGO "Autonomous Women's Centre", the Ministry of Justice drafted Guidelines for Action for prosecutors, police officers and employees of Centres for Social Welfare, detailing how to intervene in cases of domestic violence and aiming to establish comprehensive cooperation resulting in timely and efficient protection of victims of violence.

### **Coordinated Community Response to Sexual Assault**

Centres for victims of sexual violence were established in seven healthcare institutions of Autonomous County Vojvodina (Clinical Center of Vojvodina and six general hospitals) under the



project "Stop – Protect – Help", implemented by the Provincial Secretariat for Health and Kikinda Centre for Women' Support, and financed by the UN Trust Fund.

These centres render non-stop services, i.e. 24/24, seven days a week, 365 days a year. The centres work in compliance with the guidance covered by the Special Protocol of the Ministry of Health on how to treat women victims of violence and by a separate Handbook of Proceedings for cases of sexual violence to be used by the Centres for victims of sexual violence of Autonomous County Vojvodina, which was developed under this project.

Besides certain healthcare and forensic medical services provided by the healthcare facility through Centres for victims of sexual violence, all legal and psychosocial support to victims of sexual violence and coordination with other sectors is done by the staff of the Center for Women Support. This is a

unique example of systemic services provided by organisations of women. The services are offered to girls and women aged 15+ and are absolutely free. Hence, from July 2016 through November 2018, seven Centres for victims of sexual violence provided services to more than 300 girls and women who reported sexual violence; criminal proceeding being initiated in 95 cases. Such services are relatively new for Serbia, being implemented through projects unrolled by NGOs.

As of January 2019, there are three support centres for victims of sexual offences operating in Novi Sad, Kikinda and Zrenjanin.

## **Conclusions**

The state shall ensure sustainability of specialised services (in compliance with the provisions of the Istanbul Convention);

Psychosocial support to victims of sexual violence shall be provided by NGOs of women;

As a high priority, specialised

services shall be provided throughout the country (setting viable mechanisms to ensure access to specialised services for victims, regardless of the country geographical region);

As these specialised services are relatively new (Centres for Women Support), it is necessary to promote them, raising public awareness about the availability of such services;

A topical issue is to raise public awareness and educate the population about sexual violence and where it stems from, having encouraged women to report sexual violence cases and come forward for help/support;

It is necessary to protect the identity of victims of sexual crimes, enabling women from small communities to get support and avoid secondary victimization and stigmatization from community members;

It is necessary to permanently educate all professionals in charge to deal with sexual vio-

lence cases in order to lower the level of prejudice and stereotypes towards victims of sexual violence.


### **Suggestions of Moldovan participants in the Study Visit**

The Serbian model of specialised services for victims of sexual crimes is well organised, operational and could be replicated in the Republic of Moldova;

It is necessary to develop specialised services for victims of sexual crimes in the Republic of Moldova as well (in the context of ratifying the Istanbul Convention);

It is worth studying all protocols (attached to this Report) used by the Serbian colleagues, having translated them into Romanian in order to analyse the possibility of absorbing the relevant provisions in the Moldovan context;

Following the translation of the aforementioned documents, it would be necessary to convene a meeting to discuss specific



proposals and recommendations;

It is possible to apply certain procedures even in the current situation, such as ordering the police officers to accompany the victim to the Centre of Forensic Medicine and to the hospital (through the General Police Inspectorate in-house provisions);

Consider the possibility to extensively involve the gynaecologists in examining the victims of sexual crimes. There are examples when the forensic doctor examines the person in the presence of a gynaecologist. It has to be clarified and decided whether the gynaecologist shall examine the victim, while the forensic doctor shall document the injuries or to combine the examination of two professionals in one investigation.

### **Other comments**

#### ***Challenges faced by the Serbian colleagues***

There is not enough acknowledgment in terms of sexual vi-

olence among Serbian women. Therefore, they rarely seek support when exposed to this form of violence;

Stigma associated with sexual violence and fear to be blamed by the community make women more reserved in seeking the necessary support, especially in small communities. The general public is not sufficiently aware about the services available for victims of sexual offences.

Along with the above, professionals continue to have preconceived ideas and stereotypes towards the victims of sexual violence and towards specialised women's organisations, which provide services to victims of sexual violence.

